MDT TASKFORCE
Making a Difference Together

NEWSLETTER

President: Lynne Faulds Wood
Vice President: Prof. Robert Haward

1. WELCOME

We have pleasure in welcoming you to the first edition of the MDT Co-ordinators Taskforce newsletter. As a forum member we hope this will establish a useful network for you to communicate with fellow MDT co-ordinator colleagues, exchange ideas, views and problems. We will provide you with regular Taskforce updates and invite you to contact us with ideas you may have for future projects or developments.
The newsletter will be distributed to the MDT co-ordinator forum members. If you have any colleagues who wish to be included, please fill out the 'Forum Registration' form on our website. All information for forum members is available at the following web address: **www.cancerimprovement.nhs.uk/mdt**

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2. FEEDBACK FROM 2007 CONFERENCE

Summary & Conclusion

Overall the evaluation of the 2007 MDT Co-ordinators Conference has been extremely positive and continues to illustrate that delegates find the conference **interesting, friendly, worthwhile, good for networking** and a **learning experience.**

"***Top Tips" highlighted by delegates include:***

- Awareness of differences between tumour sites and Trusts but a continuing need to share learning and best practice
- Communication. Awareness of targets and goals.
- Get to know your MDT Team.
- Remembering that you are a valued member of the MDT

Encouragingly 78% agreed that they were better informed about MDT issues after attending the MDT Co-ordinators Conference.

The Opening Plenary session was well received. Whereas, the Closing Plenary received a mixed response, delegates felt that this was a missed opportunity; it was too short and required a "pulling together" of feedback from the day itself. Nevertheless, delegates did appreciate acknowledgement of their time and contributions.

With new workshop formats introduced this year, especially the introduction of Tumour Site Specific Q&A Sessions, delegates enjoyed the variety of session choices and provided positive feedback.

84% of delegates agreed that they would recommend this Conference to colleagues with 87% delegates confirming that they would be interested in attending future MDT events/conferences.

Designed by Diane Wilkes@rwh-tr.nhs.UK

MDT TASKFORCE MISSION STATEMENT

As the Cancer MDT Co-ordinators Taskforce, we provide a national voice to inform, support and motivate fellow co-ordinators, to bring professional recognition to the role and contribute to improving the patient pathway.

Current Work streams

- MDT Co-ordinators Conference – 2008
- Recruit new members to the National MDT Forum – to include representatives from Scotland
- MDT Co-ordinator Qualification
- Identify and establish further regional MDT co-ordinator meetings
- Address and expand communication links through out the UK
- Regular articles in the Cancer Action Team Magazine
- Developing the 'MDTC Taskforce' website - www.cancerimprovement.nhs.uk/mdt

Please forward any articles or projects that you are involved in and are proud to share to:
Diane.wilkes@rwh-tr.nhs.uk

4. Potted History of MDT Working

Multi-disciplinary team working is the cornerstone of improving Outcomes Guidance. It is the tool deemed most appropriate for improving the cancer pathway and ultimately the results of treatment. Although never subjected to rigorous prospective assessment, it has a logical feel and has been embraced, albeit with varying degrees of enthusiasm, by cancer centers and units across the country.

MDT working for many of us did not get off to an auspicious start. It was initially seen as a bureaucratic addition to an already overburdened schedule, with many oncologists, radiologists and pathologists attending three or four or in some cases more, MDT meetings per week.

The initial meetings were chaotic. No robust mechanism existed for identifying new cancer patients for discussion. No-one had time to pull notes, x-rays and scans were routinely 'unavailable' and pathological slides remained firmly in pathology.

Thankfully, it was acknowledged that meetings were ineffective unless extra resource was in place. Slowly co-ordinators were appointed, notes and imaging became available, relevant patients were discussed, and even the most cynical of clinicians began to find value in attending the meetings.

Many co-ordinators blossomed, acting as minute secretaries, locum radiologists, IT experts, service improvement contacts and care pathway planners. More recently, arguably not always with benefit to the MDT, a tracking role has been added to the burgeoning workload.

What of the future?

We can be sure that Mrs Hewitt and successors will not slow the process of change. Co-ordinators are indispensable if MDT's are to continue, and must take the lead, with clinicians, in ensuring that future developments are geared to improvement in patient care.

JAMES GILDERLEVE
CONSULTANT CLINICAL ONCOLOGIST

Designed by Diane Wilkes@rwh-tr.nhs.UK

5. MDT CO-ORDINATORS STATEMENTS

'Our Upper Gastrointestinal MDT Co-ordinators play a key role in co-ordinating patient pathways within the Avon, Somerset and Wiltshire Cancer Network. Each week they receive new referrals from clinicians and nurse specialists and create an MDT list. The co-ordinators collate radiological, pathological and clinical information from the six network Trusts and they forward information to the specialist departments to allow peer review before the MDT meeting itself (deadline for the MDT list is 24 hours prior to the meeting). The co-ordinators also create an MDT list that is structured to present the key pieces of information and they record the treatment decision / recommendation during the meeting itself. Following the MDT meeting the co-ordinators circulate the decisions and implement appointments to adhere to local fast track pathways.
Good communication and organization skills are key to their valuable role'.

**JM Blazeby, Professor of Surgery and Consultant Upper GI Surgeon,
Bristol Royal Infirmary.**

'The care of cancer patients has been transformed over the past few years by the widespread introduction of MDT working. None of these would have been possible without the creation of MDT co-ordinators post to ensure the smooth running of the meeting that has become the pivotal event in the cancer patients journey. These unsung hero's (and heroines) have developed a role that will be recognized as essential in making many of the reforms in cancer care happen'

**Dr Andy Fowell, MacMillan Consultant in Palliative Care/Trust
Cancer Lead Clinician,
North West Wales NHS Trust**

MDT co-ordinators have been in place in Cornwall for some time now. Most tumour sites now have the support of a co-ordinator, excluding Haematology and this is in the process of being addressed.
In general all teams would struggle to submit and adhere to the standards identified in the manual of cancer standards 2004. The MDT co-ordinator liaises across boundaries within the acute trust and primary care. They also liaise with tertiary centers ensuring results and appointments are fast tracked to ensure the patient pathway moves smoothly and swiftly. Complying with the 62 / 31 day targets.
They set up and prepare for the MDT, gathering all the information required i.e. histology results, notes, CT and PET results. All patients discussed at the MDT are registered on the Cancer Registry, this is the responsibility of the MDT co-ordinator and this also ensures all data is collected. The MDT co-ordinator takes the minutes at each of the meetings and takes part in the tracking of the patients to ensure they proceed along the cancer pathway as swiftly as possible.
The MDT co-ordinator is an important core member of each of the tumour sites.
Who would carry out this role if the MDT co-ordinator were not in post???

Sue Pascoe , Lead Cancer Nurse, Royal Cornwall Hospitals Trust, TRURO, TR1 3LJ

Designed by Diane Wilkes@rwh-tr.nhs.UK

5. MDT CO-ORDINATORS STATEMENTS cont…….

Over the last 5 years, our trust has developed the department of our MDT co-ordinators and they have now become a very vital part of the cancer care pathway for our cancer patients. It is the responsibility of our MDT co-ordinators to set up the MDT meeting lists for the two weekly MDM's held at our trust, namely the Colorectal cancer MDM and the Lung cancer MDM. For this, they coordinate the data input from wards, secretaries, specialist nurses and other clinicians. They actively monitor patient progress by chasing reports from various departments, like radiology or histopathology, in time for the meeting. There is an active monitoring of patients on the 'pending list'. The MDT lists are distributed to all MDT members well in time to allow amendments and preparation for the meetings.

For the MDT's in Gynaecology and Haematology, our Trust's patients are discussed at another location and for this, our MDT co-ordinators have to organize and maintain the necessary video conferencing links in addition to the usual clerical support. Further support is also given to the clinical teams attending the off-site MDT's for our Breast, Upper GI and Urological cancer patients. A further very useful role has been developed in tracking of 'suspicious' radiology reports. All radiology reports in our trust which have a 'suspicious of cancer' mentioned in them, are copied to our MDT co-ordinator department. They are then assessed and tracked, if necessary with the relevant GP, to make sure that these patients are referred or discussed at our MDT's.

During the MDT's our co-ordinators collect the necessary data, including team decisions about further diagnostic tests and treatments. This information is up-loaded on the computer system for audit, waiting time tracking and registry purposes as well as feedback to the clinical teams. The work of our MDT co-ordinators has enabled the trust to run the MDT's smoothly and efficiently, has helped to shorten the diagnostic process and reduces the possibility of missing patients.

Ms Beatrix Weber, Cancer Lead Clinician , South Tyneside NHS Foundation Trust.

The raised profile of the MDT co-ordinator role has led to the development of local training programmes, induction programmes and job descriptions. There has also been some work done nationally to develop a national Job Description, the Knowledge and Skills Framework and to explore the possibility of a National Vocational Qualification (NVQ) for MDT co-ordinators. Currently, there are MDT specific competencies in development as part of a NVQ for Health Support Workers. To date, there is no national training programme – however there are a number of good examples locally – e.g. in Avon, Somerset and Wilts Cancer Network, Pan Birmingham Cancer Network and Surrey, West Sussex and Hants (SWSH) Cancer Network.

In summary, MDT meetings are now recognised as best practice in managing cancer care – and increasingly, clinical outcomes data supports this view. This means that the MDT co-ordinator role needs to be fully recognised and valued – and needs to be supported by national training programmes and qualifications. As cancer services develop further, even greater emphasis will be placed on MDT meetings and MDT co-ordinators – and the role will continue to develop.

Anthony Walsh, Service and Workforce Improvement Lead, 3 Counties Cancer Network.

Designed by Diane Wilkes@rwh-tr.nhs.UK

6. EVENTS DIARY 2008

30th – 31st October 2007
UKACR Annual Conference 2007. - (UK Association of Cancer Registries)

'Working Together to Meet Cancer Intelligence Needs'.

Several members of the MDT Taskforce attended the UKACR Conference 2007. We were invited to take part in a workshop, the aim of which was "To promote joint working and stronger links between MDT's and Cancer Registries in order to identify areas where collaborative working can improve overall data quality".

The discussion section was very useful and by the end of the session each group had a raised awareness of the other which hopefully in the future may lead to further co-operation in the sharing of data collected. The MDT Co-ordinators had a clearer picture of what Cancer Registries do an din turn the Cancer Registries recognized the quality of data that MDT co-ordinators collect.

Suzanne Jenkins.

National MDT Taskforce Meetings 2008

31st January & 1st February 2008 (Thu/Fri)
Holiday Inn - Wolverhampton

21st & 22nd April 2008 (Mon/Tue)
Holiday Inn - Birmingham New St.

17th & 18th July 2008 (Thu/Fri)
Holiday Inn - Birmingham New St.

13th & 14th October 2008 (Mon/Tue)
Holiday Inn - Birmingham New St.

February 14th 2008

14th & 15th February 2008National Development Programme Conference - Heathrow
Mandy Moyse and Diane Wilkes will be attending 14th February 2008. Mandy will be giving a presentation on:

'Making a Difference Together'

Feedback in next issue!!

Designed by Diane Wilkes@rwh-tr.nhs.UK

MDT CO-ORDINATORS CONFERENCE 2008

MDTC TASKFORCE
Making a Difference Together
President, Lynn Faulds Wood
Vice President, Prof. Robert Hawward

'THE FUTURE IS YOU'.

DATE: 12th March 2008

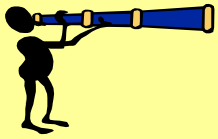
VENUE: WOLVERHAMPTON
HOLIDAY INN - (W-ton Race Course)

Provisional Programme

10: 00	Welcome Plenary Juanita Asumda and Mandy Moyse
10:15	President Speech Lynn Faulds Wood
10:30	Cancer Reform Strategy Prof Mike Richards

WORKSHOPS:

11:00	Head & Neck, Haematology and Dermatology Knowing Me Knowing You Chemotherapy & Radiotherapy
12:00	LUNCH
13:00	Chemotherapy and Radiotherapy Knowing Me Knowing You Radiology
13:00	Chemotherapy and Radiotherapy Knowing Me Knowing You Radiology
15:00	Informatics TALK & OPEN FORUM Chris Carrigan, National Co-ordinator for Cancer Registration, National Cancer Action Team.
15:30	Closing Plenary Serena Hodges & Suzanne Jenkins



OUT FOR

Question and Answer section at the Annual Conference in March!

Valued Member of the team not ' iust admin'

Please think of your question(s) and any positive feedback / experiences now!!!!

AND

Don't forget to bring them with you to the: 5th Annual Conference!!

(see opposite)

Raise the profile of MDT co-ordinators role by education other staff

Aprreciate good relationsips with Clinicians/CNS's

Designed by Diane Wilkes@rwh-tr.nhs.UK

8. CONTACTS / STATEMENTS FROM MDT TASKFORCE – CO-ORDINATORS MEMBERS:

Juanita Asumda – Chair. Juanita.Asumda@royalsurrey.nhs.uk
"I wanted to give a fresh perspective of our role and enjoy knowing that we're contributing to patient care".
Network **- Thames Valley, Cental South Coast, Mount Vernon and Essex, London networks x 5, Kent & Medway. West Sussex & West Hampshire.**

Serena Hodges –Joint Vice Chair Serena.hodges@ubht.nhs.uk
"It felt important to raise the profile of an MDT Co-ordinators role and through the Taskforce this would be a challenging experience to gain recognition within the NHS".
Network - Avon, Somerset & Wiltshire, Dorset & Sussex

Diane Wilkes – Marketing and Fundraising / Joint Vice Chair Diane.wilkes@rwh-tr.nhs.uk
"I joined the Taskforce after realising the value of the MDT co-ordinators role together with the impact and input they have on the patient's journey and believe that together 'we do make a difference'".
Network – Greater Midlands, PAN Birmingham, Mid Trent & North Trent

Kay Pollard - Events Co-ordinator. Kay.pollard@rcht.cornwall.nhs.uk
"having been inspired by Prof. Mike Richards' speech at the 2004 conference, I wanted to be involved in fulfilling his vision for MDT Co-ordinators and their team".
Network - Peninsula, Surrey,

Sue Hughes. Sue.hughes@nww-tr.wales.nhs.uk
"My involvement in the MDT Co-ordinator Taskforce is one of the added benefits of working with cancer in the NHS today". I am proud to be part of a growing profession that is involved in the development of services for cancer patients.
Network - North Wales, Mersyside & Cheshire.

Mandy Moyse. Mandy.moyse@sthct.nhs.uk
"I saw joining the Taskforce as an opportunity to be part of something new and exciting designed to provide recognition of the importance of our role within the NHS".
Network - North of Enland, Lancashire , Yorkshire & Humber.

Suzanne Jenkins. Suzanne.jenkins@MDT.cardiffandvale.wales.nhs.uk
"Having been inspired by the 2006 MDT Co-ordinators Conference, I decided that I too wanted to try and 'make a difference'".
Network – South East Wales, 3 Counties

Lynne Newbury. Lynne.newbury@cardiffandvale.wales.nhs.uk
"I joined the MDT Taskforce in order to network with co-ordinators in other parts of the UK to share ideas of Good Practice".
Network - South West Wales & 3 Counties

Patricia Hewitt.. Marketing and Fundraising Patricia.hewitt@uhcw.nhs.uk
" I wanted to be part of something that made a difference".
Network - Arden, Derby, Burton, Leicester, Northampton & Rutland, Cheshire and Greater Manchester

Margaret Fleming. Margaret.fleming@westerntrust.hscni.net
'I wanted to learn, share and compare evidence of good practice with my counterparts in England and Wales.**"**

Network – Northern Ireland

COURSE DETAILS – SOUTH TYNESIDE FOUNDATION TRUST HOSPITAL

TITLE: **CANCER TERMINOLOGY TRAINING FOR NON CLINICAL STAFF**

COURSE TUTORS: **Cancer Specialist Nurses**

COURSE AIM: To provide a comprehensive cancer terminology training programme for all relevant clerical and administrative staff. This is aimed at providing non clinical staff with the ability to understand cancer terminology subsequently enhancing their effectiveness within their roles.

OBJECTIVES: At the end of each session staff will be able to:

- Identify presenting symptoms of patients with a suspected cancer
- Understand which investigations are needed for each separate cancer site.
- Identify types of cancer and staging using the correct medical terminology.
- Understanding of treatments used post diagnosis
- A comprehensive understanding of medical terminology used throughout the pathway of care.

TARGET GROUP: All non clinical staff involved (directly or indirectly) with patients with a suspected or confirmed diagnosis of cancer i.e. medical secretaries, clinical coding staff, ward clerks, cancer information staff, MDT department etc.

This course is also open to PCT/GP staff and is free of charge. It is advantageous for those wishing to enrol on this course to complete the first session of General Terminology before moving on to any of the other sessions although not a prerequisite.

	SPEC NURSE	DAY	DATE – 2007 / 2008	TIME
GENERAL	Karen Pattison	FRI	28 March	10 – 11.30 am
RADIOTHERAPY	Alison East	FRI	25 April	10 – 11.30 am
CHEMOTHERAPY	June Pattison	FRI	23 May	10 – 11.30 am
LUNG	Irene Underwood	WED	25 June	10 – 11.30 am
BREAST	Jackie Brady	TUES	22 July	10 – 11.30 am
GYNAE	Berni Cardy	FRI	26 September	10 – 11.30 am
UROLOGY	Gayle Adams	WED	22 October	10 – 11.30 am
COLORECTAL	Jane Barnes	MON	24 November	10 – 11.30 am
UPPER GI	Carolynn Foy	MON	26 January 2009	10 – 11.30 am
HAEMATOLOGY	John Pattison	FRI	27 February 2009	10 – 11.30 am

Designed by Diane Wilkes@rwh-tr.nhs.UK