



1. Welcome & Thank you

A warm Welcome to two newly elected members to the Taskforce: Michael Hogg from Edinburgh and Carole Ellis from Lancashire

On behalf of the Taskforce I would like to extend a huge Thank you not only to our new President Lynne Faulds Wood and Vice President Prof Robert Hayward but to all Presenters/ Facilitators for their on- going support, time and participation for the 2008 National MDT Conference

A big thank you to the Cancer Action Team and the Cancer Services Improvement Team who have supported us and our conferences from the outset and continue to give us all support, help and guidance.

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2. SUMMARY OF 2008 CONFERENCE



The 5th MDT Co-ordinators Conference – ‘The Future is you’..... was held on the 12th March 2008 at the Holiday Inn, Wolverhampton Racecourse.

Juanita Asumda opened the conference and introduced our new President – Lynn Faulds Wood, journalist and presenter and Vice President Prof Robert Hayward, Author of the Cancer Outcome Guidelines. We are extremely honored to have these highly respected and influential people representing the forum.

Lynn Faulds Woods gave a presentation on her experience of bowel cancer and now uses her skills as a journalist to help produce guidelines and advice on diagnosis of bowel cancer. The presentation was well received and all who commented said it was inspiring.

Prof Mike Richards, National Cancer Director, led the development of the NHS cancer Plan and has been responsible for overseeing its implementation since 2000 and spoke about the new ‘Cancer Reform Strategy’ and how it will impact us as MDT co-ordinators. He stressed that we would be the link for gathering essential information during MDT Meetings. This would be the source that various national agencies will use to plan how future cancer care will be researched, prioritised, diagnosed and delivered. Our role in its implementation was not to be underestimated!!!.

.....summary 2008 conference

Our 3rd Speaker was Chris Carrigan, Head of co-ordinating Team with the National Cancer Intelligence Network (NCIN) who has a dual role

1) To oversee, steer and develop the structure composition and outputs of NCIN as it begins to develop and take shape after the publication of the new Cancer Reform Strategy.

2) National Co-ordinator for Cancer Registration in England which provides leadership and support to the NHS and Dept of Health in the implementation of the key aims in the NHS Cancer Plan and modernization of Cancer Registration.

Workshops this year were as usual varied. They comprised of Haematology, Dermatology, Head & Neck, Chemotherapy & Radiotherapy, plus a workshop on improving team working called 'Knowing Me, Knowing You'. Consultants, Nurse Specialists and a Service Improvement Lead from all around the UK led the workshops with one of them being given from a patients point of view.

All were excellent, some interactive and some speaker lead. It is very much appreciated that these health professionals gave up their valuable time to share their experience of their specialist subjects with the delegates.

'Thank you very much to each and every one'

'Our conferences would not happen with out you'

Top Tips" highlighted by delegates include:

- The continual need to share 'best practice'
- To establish good communication within your MDT team.
- Everyone has the same problems!
- Remembering that you are a valued member of the MDT
- Ask questions, always smile and always see the 'big picture'
- Togetherness does make a difference.

3. MDT co-ordinators Statement

Diane Wilkes, our Upper Gastrointestinal MDT Co-ordinator, is an integral member of our team at the Royal Wolverhampton Hospitals NHS Trust.

Co-ordination and good communication is the key to any pathway of care and as such, multidisciplinary team co-ordinators are essential for the organisation and monitoring of cancer patient pathways.

In order to facilitate the pathway of care, Diane is the key person in preparation, organisation and co-ordination of our MDT meetings.

Diane devotes her time to preparing the patient lists, which involve a great deal of administrative input. In order to ensure key target treatment dates are adhered to and breach dates avoided, Diane monitors the patient's pathway. Preparing the MDT lists, collation of notes, preparation of summaries to facilitate patient discussion, all of which are a key role of the co-ordinator are undertaken in an extremely organised and facilitated manner. Diane ensures that histology results and scans are available, from wherever they are undertaken, whether it be from an internal or external route.

Following patient discussion scans and investigations are organised by our co-ordinator, all of which involve a great deal of work and organisation in order to meet treatment targets to ensure a pathway of care is maintained in the best interests of the patient.

Diane is a keen member of the MDT taskforce and gives the role her full enthusiasm and dedication.

Victoria Oldman
Clinical Nurse Specialist
Upper GI Services

The Royal Wolverhampton NHS Hospitals NHS Trust

4. 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 – 2009**
- Recruit new members to the National MDT Forum – to include representatives from Scotland - **achieved April 2008**
- MDT Co-ordinator Qualification/training qualification - **on-going**
- Identify and establish further regional MDT co-ordinator meetings – **on-going**
- Address and expand communication links through out the UK – **on-going**
- Regular articles in the Cancer Action Team Magazine – **continually on-going**
- Developing the 'MDTC Taskforce' website

www.cancerimprovement.nhs.uk/mdt

NEW

- **Developing a generic 'MDT working' training manual**

Please forward any articles or projects that you are involved in and are proud to share to:

Diane.wilkes@rwh-tr.nhs.uk

5. Raising the Profile of MDT Co-ordinators.

Letter to Networks from Di Riley

As you know much emphasis has been focused on the role of the MDT, which was further highlighted in the Cancer Reform Strategy. They are now generally perceived as one of the key components for discussing the most appropriate treatments for individual patients. You will also be aware of the increasing role of the MDT Coordinators (and associated staff such as Patient Trackers/Pathway Navigators, etc) within MDTs, and the important role they play within your organisations, and I am writing to you now to update you on the MDT Coordinators Taskforce and their aims and ideas for the future. Also, with the requirements being place on trusts for the Going Further on Cancer Waits initiative and outlined in the National Contract for Acute Services for data capture via MDTs, the role of the MDT Coordinator and associated staff will become increasingly important.

The Taskforce was set up nearly 4 years ago to provide a national voice for MDT Coordinators with a view to supporting & developing its members in this rapidly changing role, Lynn Faulds Wood agreed to be the President of the group with Professor Bob Hayward as Vice President. There are currently 12 members on the National Taskforce Team from England, Wales, NI and Scotland and they are very committed to developing the roles of the MDT Coordinators and the remit they have within patient care. In collaboration with the National Cancer Action Team 4 annual MDT Coordinators'.

Approximately 250-300 MDT coordinators have attended each annual event, which have been very well received by the delegates who attended. The next planned for 10th March 2009.

In addition, they are very interested in the development of the role of MDT Coordinators and have been working with Skills for Health, on including specific MDT competencies within the NVQ for Health. Also, in collaboration with the UKACR, DH, NCAT and the networks we are now embarking on a project to identify their specific training requirements and the most appropriate way to deliver this, potentially through the cancer registries and networks.

Having spent time with this group, I am aware that many of their interests and aspirations overlap with other initiatives often taken forward by the Cancer Networks but until now they have not been as involved in partnership working as they could be within the current organisational structures for cancer services in the UK. Ahead of their next conference in March 2009, and with the focus on the MDT within the Cancer Reform Strategy, the time is now right for them to raise their profile and to reach out to all MDT Coordinators and associated staff through their local cancer networks.

I would be really grateful if you could raise the profile of this group at your next Network Cancer Managers Meeting, and related relevant groups, and to support those within your network who are keen to get more involved with them.

Attached are the names of the national MDT Taskforce team, and which network each member will work with; they will be contacting you personally over the next few weeks to discuss with you how they may best work with your network and support the local MDT coordinators. As the national taskforce has 12 members, representing all 37 UK cancer networks on the committee, each member is covering multiple networks. By linking up with your network we are hoping you will promote the working of the group and hopefully identify someone who can liaise with your taskforce member to get the interests and need of your network represented at a national level.

**Di Riley - Associate Director, Clinical Outcomes
National Cancer Intelligence Network & National Cancer Action Team**

The 5th MDT Co-ordinators Conference – ‘The Future is you’..... was held on the 12th March 2008 at the Holiday Inn, Wolverhampton Racecourse and despite the horrendous weather conditions, there was still a very encouraging turnout.

Please note that some questions, in this year’s evaluation questionnaire, were not relevant and out of context particularly with reference to the workshops. This has meant that the following report is based, largely, on hand written comments made by delegates and is a brief representation of the final analysis. The Taskforce apologises for this oversight.

Opening Plenary - overall excellent/ good

Lynne Faulds Wood’s speech set the tone of the day and received comments such as emotional, inspiring and motivating. Prof Mike Richards followed with his summary of the CRS and MDT co-ordinators felt that ‘hearing the CRS was good and made more sense’ although the majority of delegates expressed concerns with resources to carry out the changes. Chris Carringham – good presentation, amusing style but a bit to long

The Tumour sites, which included Haematology, Head and Neck and Dermatology,

Positive feedback with delegates stating that they were very informal, informative, interesting, motivational although perhaps handouts would have been useful

Chemo/radiotherapy - overall excellent/good

‘A better understanding of why palliative chemotherapy is given and more informed about chemo/radiotherapy in all treatment of cancer’. A little too rushed – not enough time and at times a little bit too technical.

Radiology - overall excellent / good

‘Fascinating’ - a better understanding of the role of the radiologist and of the radiological staging of tumors.

Knowing me knowing you – overall good

Recognising different people who make up a team and overcoming barriers. Good to speak to other co-ordinators but needed more time.

Closing plenary

A bit of waste of knowledge and talent – suggest at the beginning of the conference

Summary & Conclusion

ALL presentations and workshops were well received. The event has been seen as a positive, interesting and well organised with excellent presenters and workshops and equally a good selection and mix of personalities and subjects. The majority of MDT co-ordinators, felt better informed and felt more motivated and most of all felt valued!

The majority of delegates felt that there was not enough ‘networking time in between workshops. The venue was lovely, with beautiful food although table refreshments were not changed often enough and the main room was much to cold.

Overall the evaluation of the 2008 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.

What we have learnt today!!

- **DON’T FORGET THE PATIENT.**
- **Most Trusts are experiencing the same sort of problems**
- **MDT co-ordinator is the ‘crux’ of the MDT and a pivotal part of holding the meeting together and that our opinion does count.**
- **MDT is wildly recognised by the Network, Government and Cancer Action Team.**
- **Good to be appreciated and recognition of the job role.**
- **IT support desperately needed to capture data more effectively.**
- **Move forward with CRS and grit teeth!**
- **MDT co-ordinators need more recognition**

Workshop/Topics for next Conference.

The most requested workshops for next year are: Histopathology, site specific tumour sites – patient prospective. Data systems / tracking of 62/31 days

Other workshop suggestions are:

- **Methods of data collection**
- **‘Leading examples of a ‘good MDT’ –examples of how a flagship MDT runs and how that team works.**
- **More MDT specific and how we as co-ordinators can take issues forward/learn more efficient working practice.**
- **What screening programmes are coming into effect that will affect what we do?**

7. EVENTS & CANCER DIARY 2008

October 2008 – Breast Cancer Awareness Month

November – Lung & Mouth Cancer Awareness Month

February 2009.

The Liver Unit Team from the Queen Elizabeth Hospital, Birmingham are planning to climb Kilimanjaro in February 2009 in aid of Macmillan. The online team page can be easily accessed by the following link: <http://www.justgiving.com/helenhewitt1>.

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.

If you have any events taking place that you already know of for 2008 please email me and I will include in the newsletter: Diane.wilkes@rwh-tr.nhs.uk

8. MDT CO-ORDINATORS CONFERENCE 2009



‘FOCUS ON THE CHALLENGES AHEAD’

DATE: TUESDAY 10TH MARCH 2009

VENUE: THISTLE HOTEL – BRISTOL



Look out for programme and registration forms which will be circulated Oct/Nov 2008 to all Networks, Cancer Managers of each Trust and MDT Co-ordinators forum members. The registration form and Programme will also be advertised on the Website: www.cancerimprovement.nhs.uk/mdt

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

Valued Member of the team not 'just admin'

Appreciate good relationships with Clinicians/CNS's

9. Development Programme Conference – Heathrow – Feedback.

Mandy Moyse and Diane Wilkes attended the National Development programme - 14th February 2008. Mandy gave a presentation named 'Making a Difference Together' to the SIL workshop group. The aim of the session was to outline Taskforce initiatives and achievements and to further establish and extend existing working relationships to meet new challenges ahead.

The presentation was extremely well received which was apparent in the Question and Answer session as Mandy and myself were inundated with questions. Most questions were answered on the day followed by co-ordinated Taskforce response. - Q&A see opposite

Overall, we not only raised the profile of the taskforce and MDT co-ordinators but also confirmed the need for a close working relationship and understanding of the issues at hand.

We talked about future requirements that will mean more incentives and targets aimed at providing even better patient care and services. It was agreed that we need to constantly maintain the solid foundations we have already spent time developing to be able to sustain change.

10.

9.a Development Programme Conference – Heathrow – Q&A

Are we going to move the Conference location around to enable more co-ordinators from around the country to attend?

Yes, the conference location is changed each year.. we are currently looking at possible venues for next year. Suggestions have been London, Birmingham and Bristol

What do we anticipate the impact of the 31 day target will have and how do think this will achieved?

This was answered by Di Riley at length at the last MDT Co-ordinators Conference . It is acknowledged that this will have a massive impact but as yet it is not yet possible to judge as each Trust is different and will address in different ways.

What can we do about the variation in job descriptions & bandings of co-ordinators nationally?

The Taskforce as a body cannot have any influence on the variation of bandings, however, we can advise that all descriptions are looked at carefully and supported by the 'National Profile' for MDT Co-ordinators.

Is it best to have one MDT Co-ordinators/Tracker per site or have a shared responsibility as cover arrangements can ve extremely difficult?

There is no single answer to this as each Trust has varying levels of capacity and demand. This really has to be a Trust decision when looking at workforce planning

Is there a pool of the job descriptions (with various bandings) somewhere that could be assessed?

Yes, there is a pool of job descriptions held by Suzanne Jenkins, Secretary of the MDT Taskforce. suzanne.jenkins.mdt@cardiffandvale.wales.nhs.uk

Network Code	Network Name	MDT Taskforce Rep.
N01	Lancashire & South Cumbria	Carole Ellis
N02	Greater Manchester and Cheshire	Patricia Hewitt
N03	Merseyside & Cheshire	Sue Hughes
N06	Yorkshire	TBC
N07	Humber and Yorkshire Coast	TBC
N08	North Trent	Diane Wilkes
N11	Pan Birmingham	Diane Wilkes
N12	Arden	Patricia Hewitt
N13	Mid Trent	Diane Wilkes
N14	Derby-Burton	Patricia Hewitt
N15	Leicestershire, Northamptonshire and Rutland	Patricia Hewitt
N20	Mount Vernon	Serena Hodges
N21	West London	Serena Hodges
N22	North London	Lynne Newbury
N23	North East London	Lynne Newbury
N24	South East London	Suzanne Jenkins
N25	South West London	Suzanne Jenkins
N26	Peninsula	Kay Pollard
N27	Dorset	Kay Pollard
N28	Avon, Somerset and Wiltshire	Serena Hodges
N29	3 Counties	Suzanne Jenkins
N30	Thames Valley	Juanita Asumda
N31	Central South Coast	Serena Hodges
N32	Surrey West Sussex & Hampshire	Juanita Asumda
N33	Sussex	Serena Hodges
N34	Kent and Medway	Juanita Asumda
N35	Greater Midlands	Diane Wilkes
N36	North of England	Carole Ellis
N37	Anglia	TBC
N38	Essex	Juanita Asumda
	Northern Ireland	Margaret Fleming
	North Wales	Sue Hughes
	South West Wales	Lynne Newbury
	South East Wales	Suzanne Jenkins
	Scotland 1	Michael Hogg
	Scotland 2	Michael Hogg
	Scotland 3	Michael Hogg



MDT Coordinators Taskforce Members

“As the Cancer MDT Coordinators Taskforce, we provide a national voice to inform, support and motivate fellow coordinators, to bring professional recognition to the role and contribute to improving the patient pathway.”

Making a Difference Together

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Carole Ellis
Supervisor – MDT Coordinators
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Post Vacant

Useful Websites

www.cancerimprovement.nhs.uk/mdt
www.cancer.nhs.uk - cancer plan
www.ukacr.org – UK ass. of Cancer Registries
www.dh.gov.uk/waitingtimes

MDT Training Information Packs

www.wmpjo.org.uk/wmciv
www.aswcs.nhs/informatics/training/
www.nycris.org.uk