

Multidisciplinary Team Meetings

Feedback from National MDT Survey

Development of MDM toolkit

Mark Sibbering

**University Hospitals
of Derby & Burton**



Second Annual Conference
4th October 2019

Breast Multi-Disciplinary Teams



Professor Sir Patrick Forrest

1986

Breast Cancer Screening :
Report to the Health
Ministers of England,
Wales, Scotland &
Northern Ireland

Forrest, Patrick



“The assessment of screen-detected abnormalities requires specialised techniques. These techniques are **best carried out by a skilled multidisciplinary team. This team should consist of a clinician, a radiologist and a pathologist all trained in the diagnosis of breast disease**, supported by a radiographer, a nurse, and a receptionist. The availability of such teams is an essential prerequisite of a screening service for breast cancer.”

Multi-Disciplinary Teams

Department of Health Definition

“ a group of people of **different** healthcare **disciplines** which **meets** either at a given time (whether physically in one place or by video- or tele-conferencing) **to discuss** a given patient and who are then able to contribute independently to the **diagnostic and treatment decisions about the patient**”

Multi-Disciplinary Teams

Provision of cancer care by MDTs is mandatory

‘Calman- Hine report’ 1995

‘Improving outcomes in breast cancer’ 1996

Multi-Disciplinary Teams

Defined MDT membership

Need for regular (weekly) meetings to discuss and agree management recommendations for all new breast cancer cases

2004 Cancer Peer Review Programme

Monitoring of adherence

Benefits of Multi-Disciplinary Teams / Meetings

- **Clinical Benefits**
- **Education / Training**
- **Health Professional Satisfaction**
- **Research / Recruitment to Clinical Trials**

Diagnosis

Treatment



Breast Multidisciplinary Team Meetings

Multi-Disciplinary Team Meetings (MDTM)

Screening MDTM

Symptomatic MDTM

Post-Op (Adjuvant Treatment) MDTM

Metastatic MDTM

Oncoplastic MDTM

Familial Cancer / Genetic MDTM

.....MDTM

Are you lonely?
Hate having to make decisions?
Rather talk about it than do it?

Then why not
HOLD A MEETING

Feel important Sleep in peace Offload decisions
Get to see other people
Impress (or bore) your colleagues
Learn to write volumes of meaningless notes
And all in work time



‘MEETINGS’
The Practical Alternative to Work

"The Government
must address this cancer
workforce crisis in their
long-term plan for
the NHS."

- Matt Case
Cancer Research UK



**Reforms to be within
the framework set by
the recommendations
set out in:**



January 2017

**Reforms to be within
the framework set by
the recommendations
set out in:**

**The time all members of
the MDT in general and
radiologists and
pathologists in particular,
spend on MDTMs is to be
reduced**



January 2017

Transforming Multidisciplinary Team Meetings



‘The Cancer Transformation Board and Department of Health have asked Professor Martin Gore to lead a project whose aim is to transform the working of Cancer Multidisciplinary Meetings to make them more effective in the light of increasing demands on the service’

Streamlining Multi-Disciplinary Team Meetings (MDTM)

Patients stratified by their consultant, or triage group, in advance of the MDTM into **2 groups**:

- Patients on a predetermined Standard of Care pathway
- Patient requiring discussion at MDTM – reason given

All patients included on MDTM list

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ABS Executive Board Comments



Transforming Multidisciplinary Team Meetings

ABS Comments

All breast cancer patients deserve true prospective multidisciplinary input through discussion at a MDTM. It would not be acceptable for a patient to not be discussed at a MDTM and then retrospectively be found to have had inappropriate care following a retrospective audit



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Transforming Multidisciplinary Team Meetings

ABS Comments

A big concern with these proposals is that Trusts under financial pressure will see this as an opportunity to.....**save money, but not re-invest** that money **to support the additional administrative & IT costs**

.....required by these proposals.



Transforming Multidisciplinary Team Meetings

ABS Comments

Unilateral decision making without MDTM discussion increases the **risk of an individual clinician providing inappropriate care.**

A recurring theme in many incidents of substandard patient care is the finding of a clinician working in isolation and not engaging appropriately with MDT colleagues.....**PATERSON**

Ian Paterson



**Private
Practice**



NHS



Multidisciplinary Team Meetings

MDMs in the Independent Sector

<https://associationofbreastsurgery.org.uk/>



Transforming Multidisciplinary Team Meetings

ABS Comments

Suggestion:

Such a review needs to be cancer site specific and that **one size will not fit all**. For example, the processes required for the efficient and safe running of MDTMs at a cancer centre with a large MDT are likely to be very different to those required in a smaller district general hospital.



Transforming Multidisciplinary Team Meetings

ABS Comments

Fully supportive of a **review** of MDTMs to
identify & spread best practice to **increase**
their efficiency by best utilising
the resources available

Breast Multidisciplinary Team Meetings

Views of clinical groups attending MDMs

Breast Multidisciplinary Team Meetings Survey

| | | |
|-----------|-----|-----------------------------|
| Surgery | 154 | |
| Nursing | 80 | |
| Radiology | 135 | - 83% Radiologists |
| Pathology | 144 | |
| Oncology | 202 | - 46% Med Onc, 46% Clin Onc |

Breast Multidisciplinary Team Meetings Survey

- Diagnostic biopsies
- New breast cancer diagnosis
- Neoadjuvant treatment
- Post-operative results
- Breast cancer recurrence
- Views on proposal to streamline MDMs
- Supplementary Pathology questions

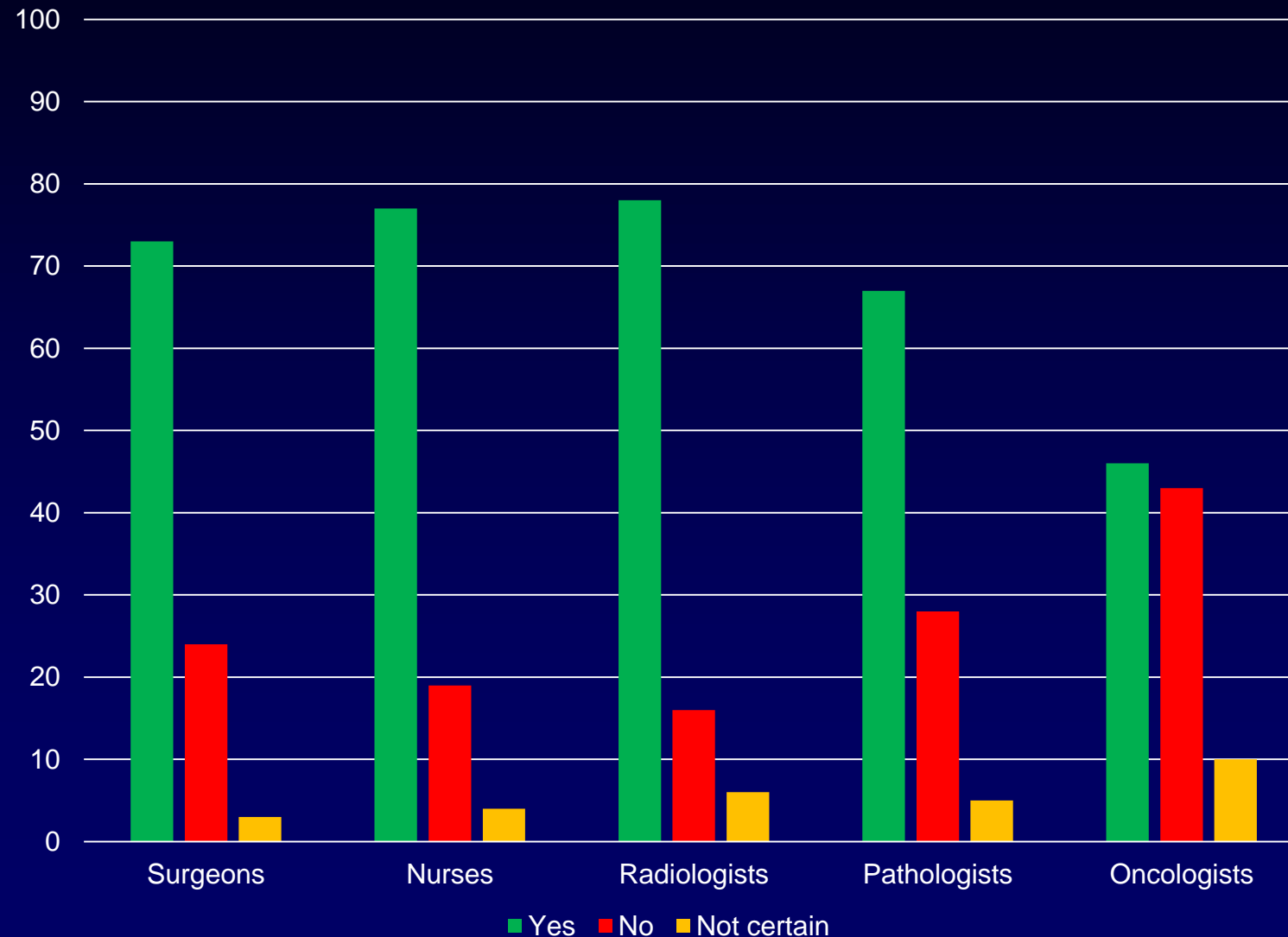
Diagnostic Biopsies

- Needle biopsies (core & FNA)
- Open surgical

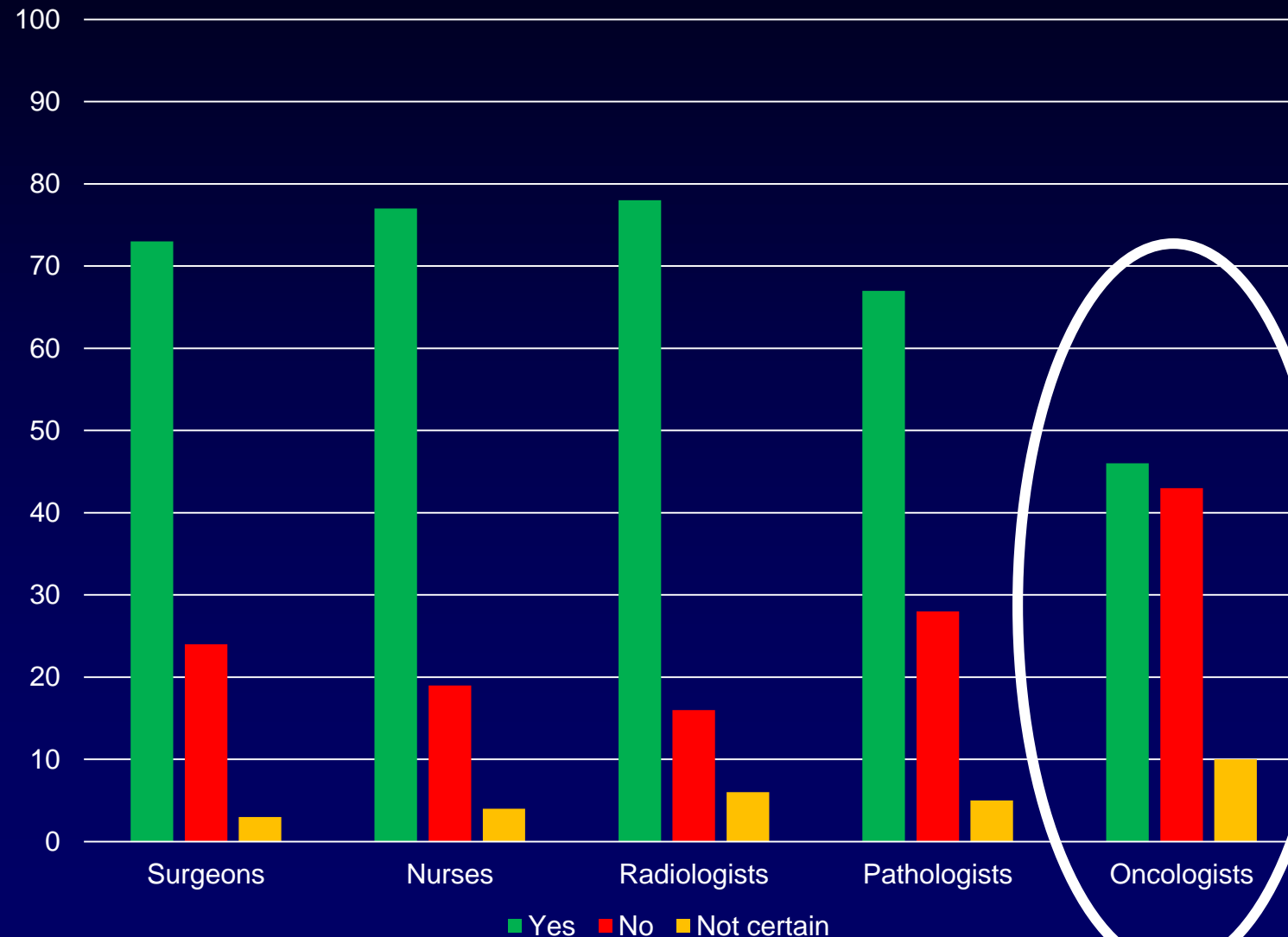
Diagnostic Biopsies

Should all patients undergoing needle biopsy or open surgical diagnostic biopsy be formally discussed at a MDTM ?

DIAGNOSIS: Should all patients undergoing needle biopsy or open surgical diagnostic biopsy be formally discussed at a MDTM ?



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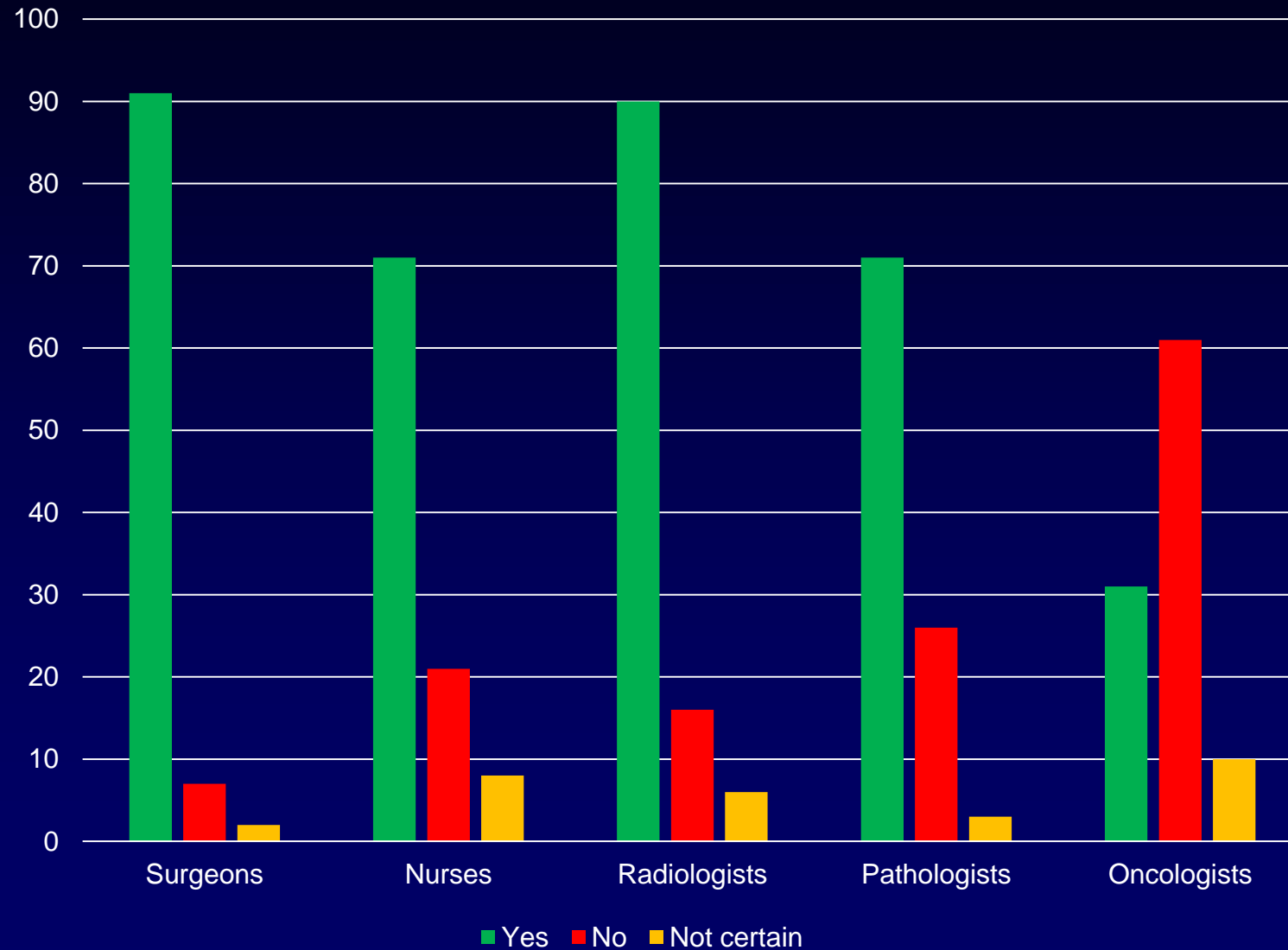


Diagnostic Biopsies

**Does your discipline need to be
present for that discussion?**

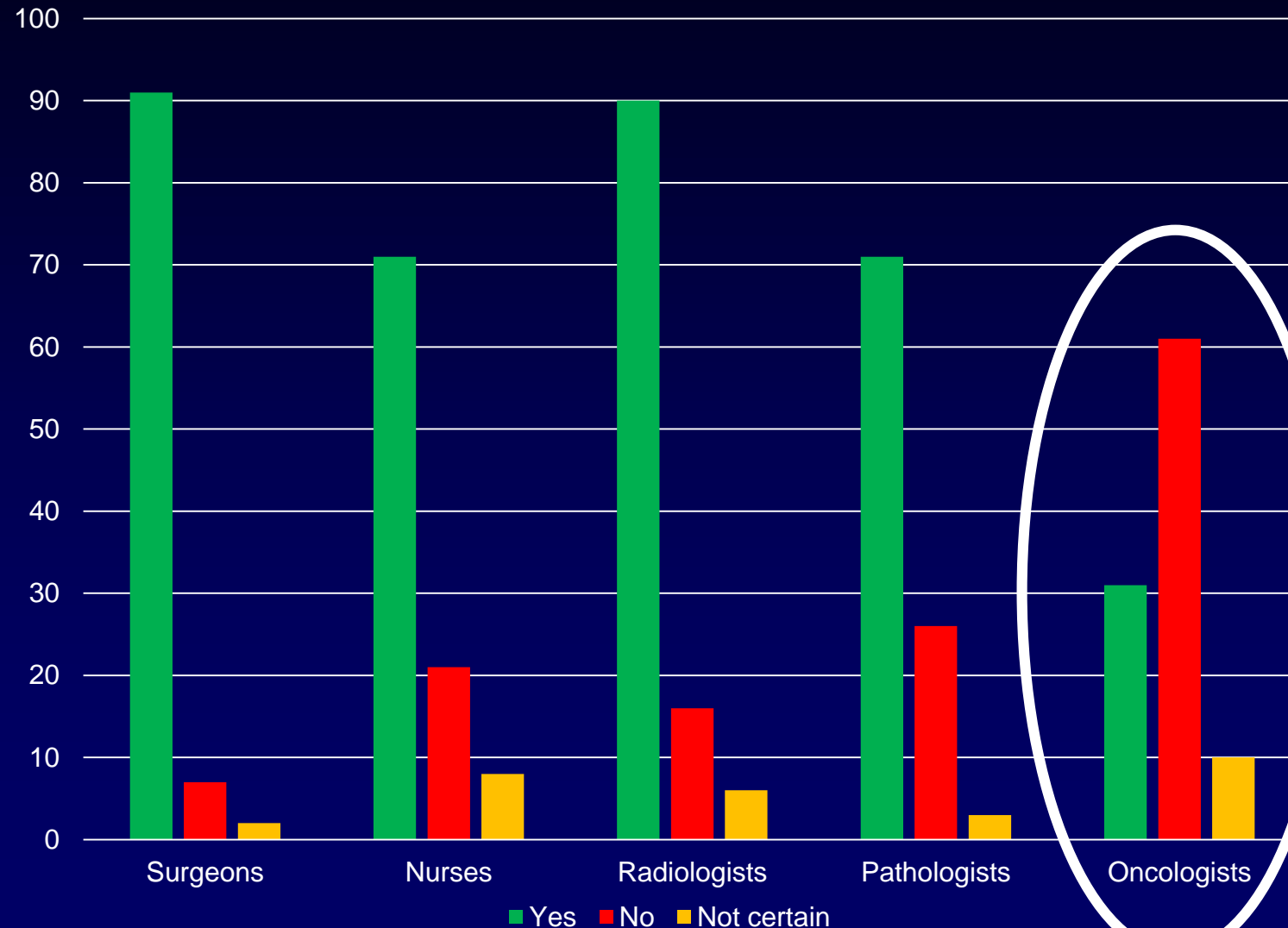
DIAGNOSTIC BIOPSY RESULTS

Does your discipline need to be present for that discussion?



DIAGNOSTIC BIOPSY RESULTS

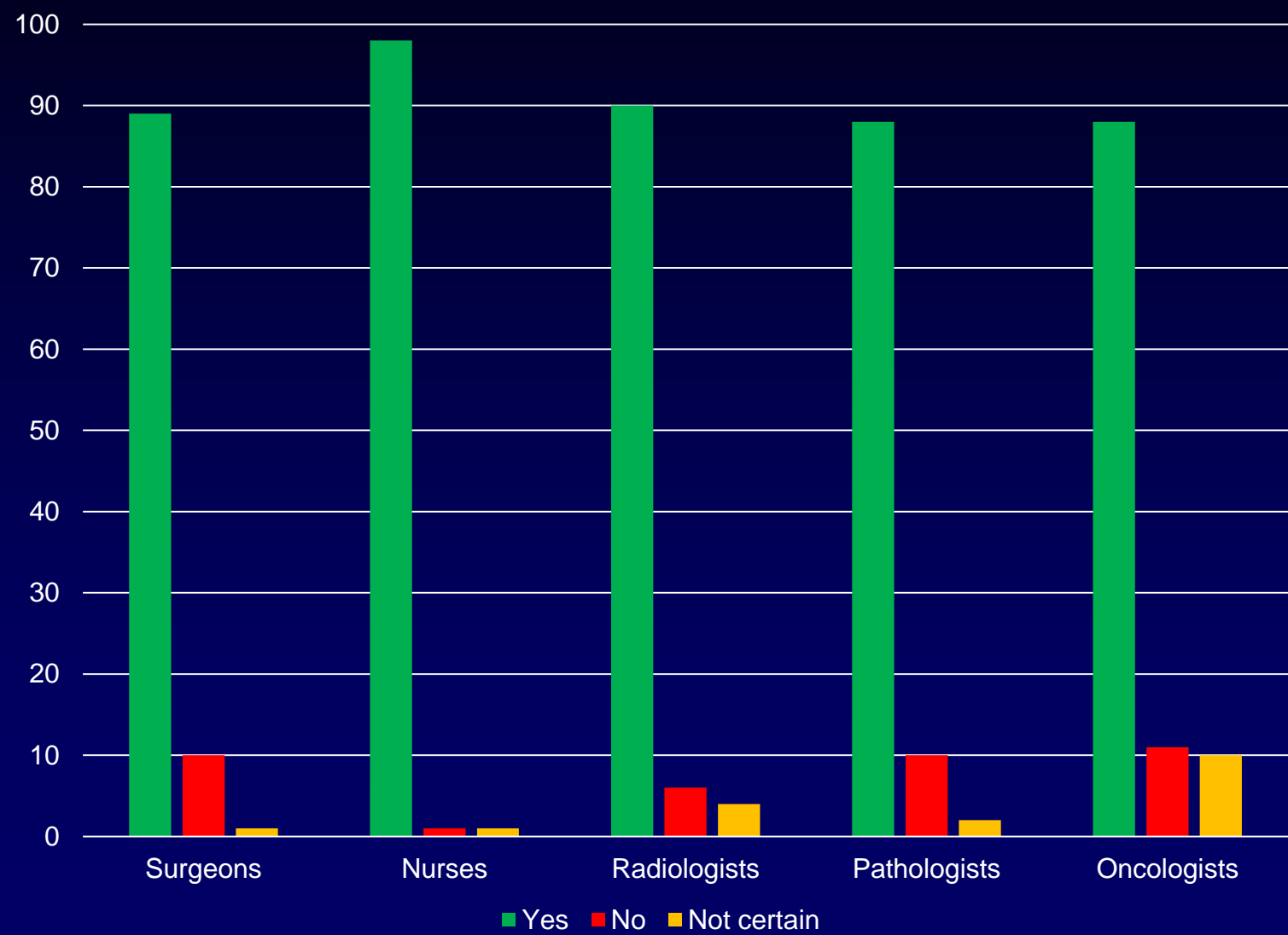
Does your discipline need to be present for that discussion?



New Breast Cancer Diagnosis

**Should all newly diagnosed breast cancer cases
be formally discussed at a MDT meeting before
commencement of treatment?**

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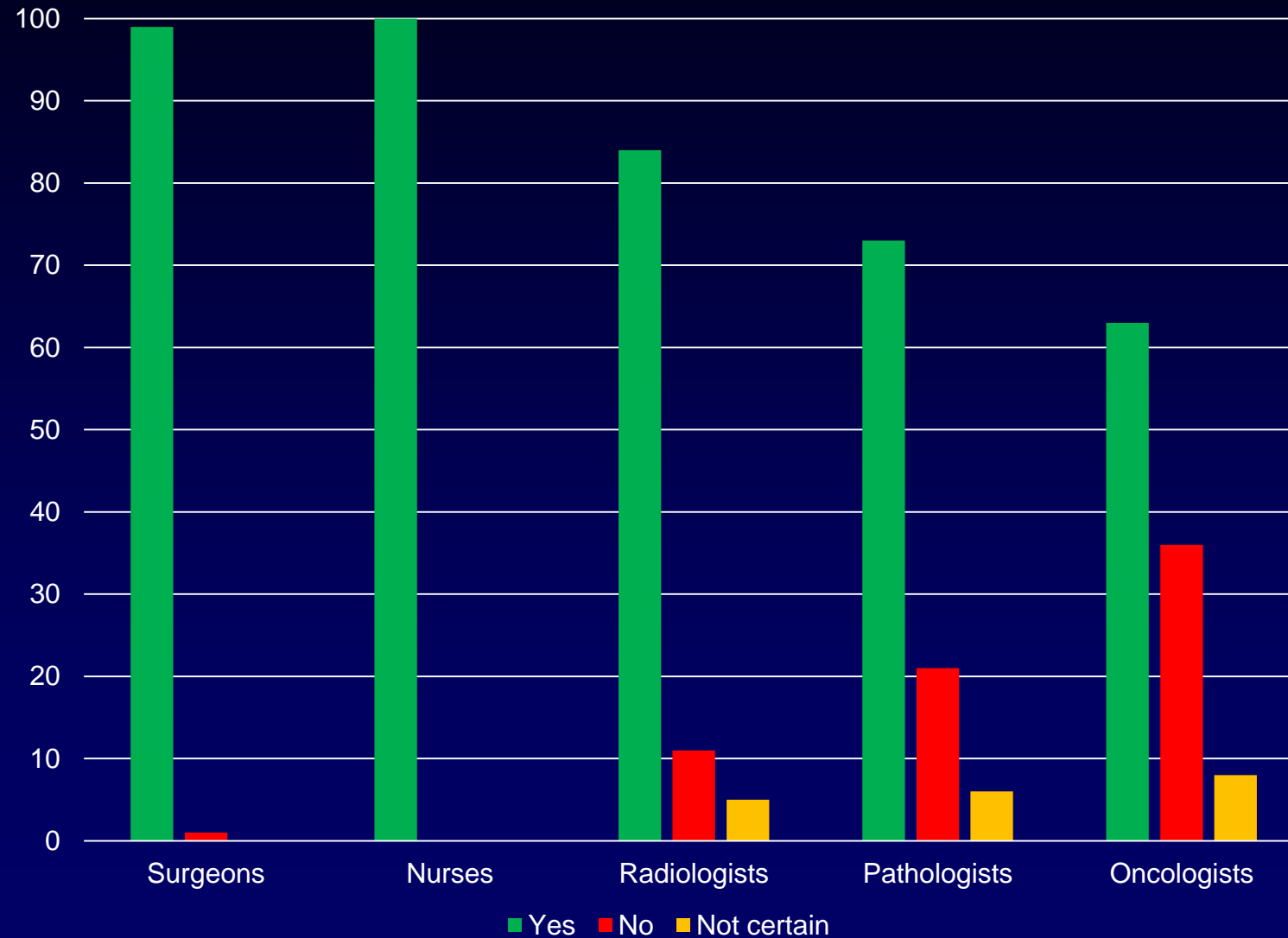


New Breast Cancer Diagnosis

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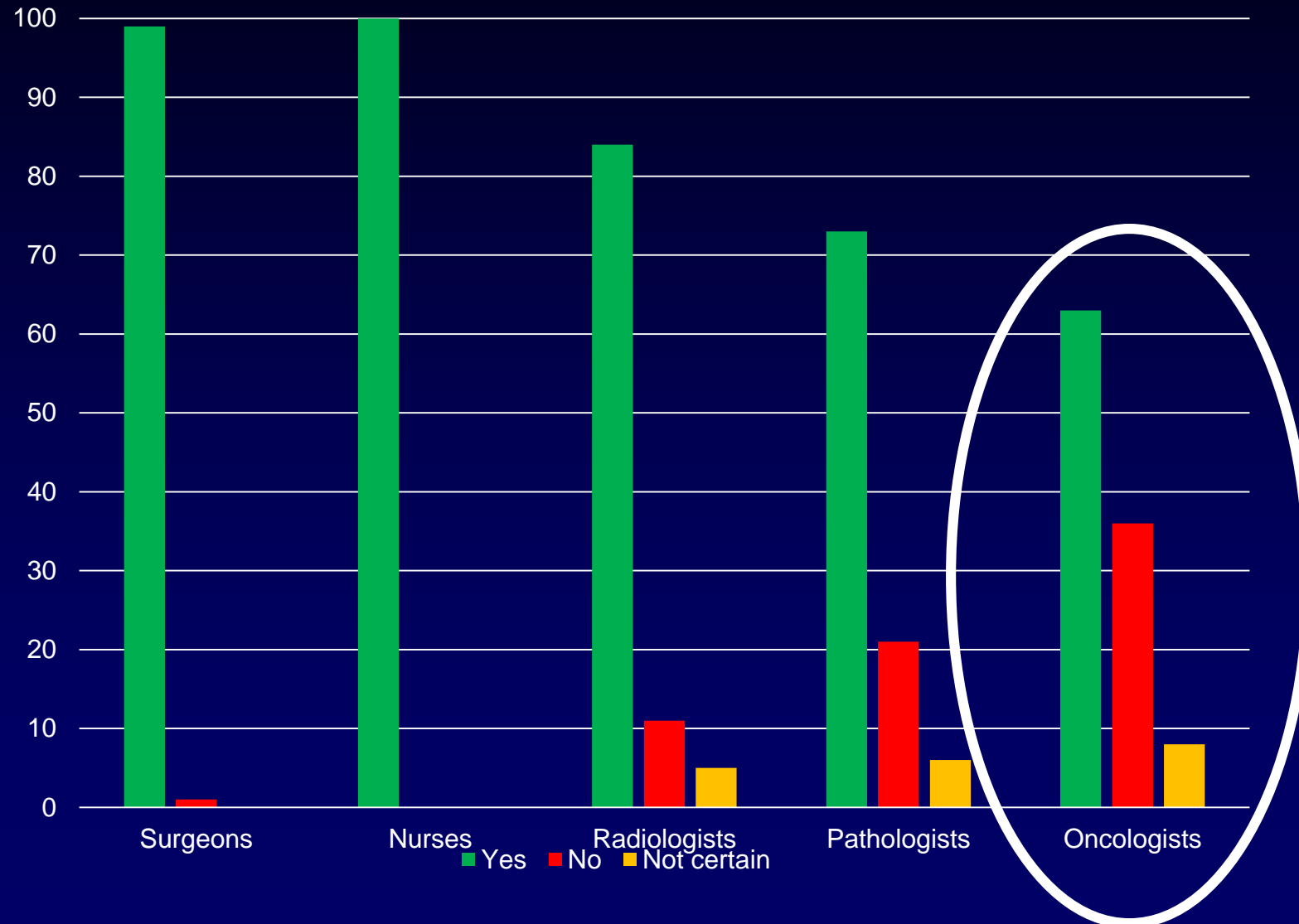
NEWLY DIAGNOSED BREAST CANCERS

Does your discipline need to be present for that discussion?



NEWLY DIAGNOSED BREAST CANCERS

Does your discipline need to be present for that discussion?



Neoadjuvant Treatment

Does an Oncologist need to be present at a MDTM to discuss newly diagnosed breast cancer cases where neoadjuvant treatment is being considered as an option?

Neoadjuvant Treatment

Does an Oncologist need to be present at a MDTM to discuss newly diagnosed breast cancer cases where neoadjuvant treatment is being considered as an option?

Yes 98%

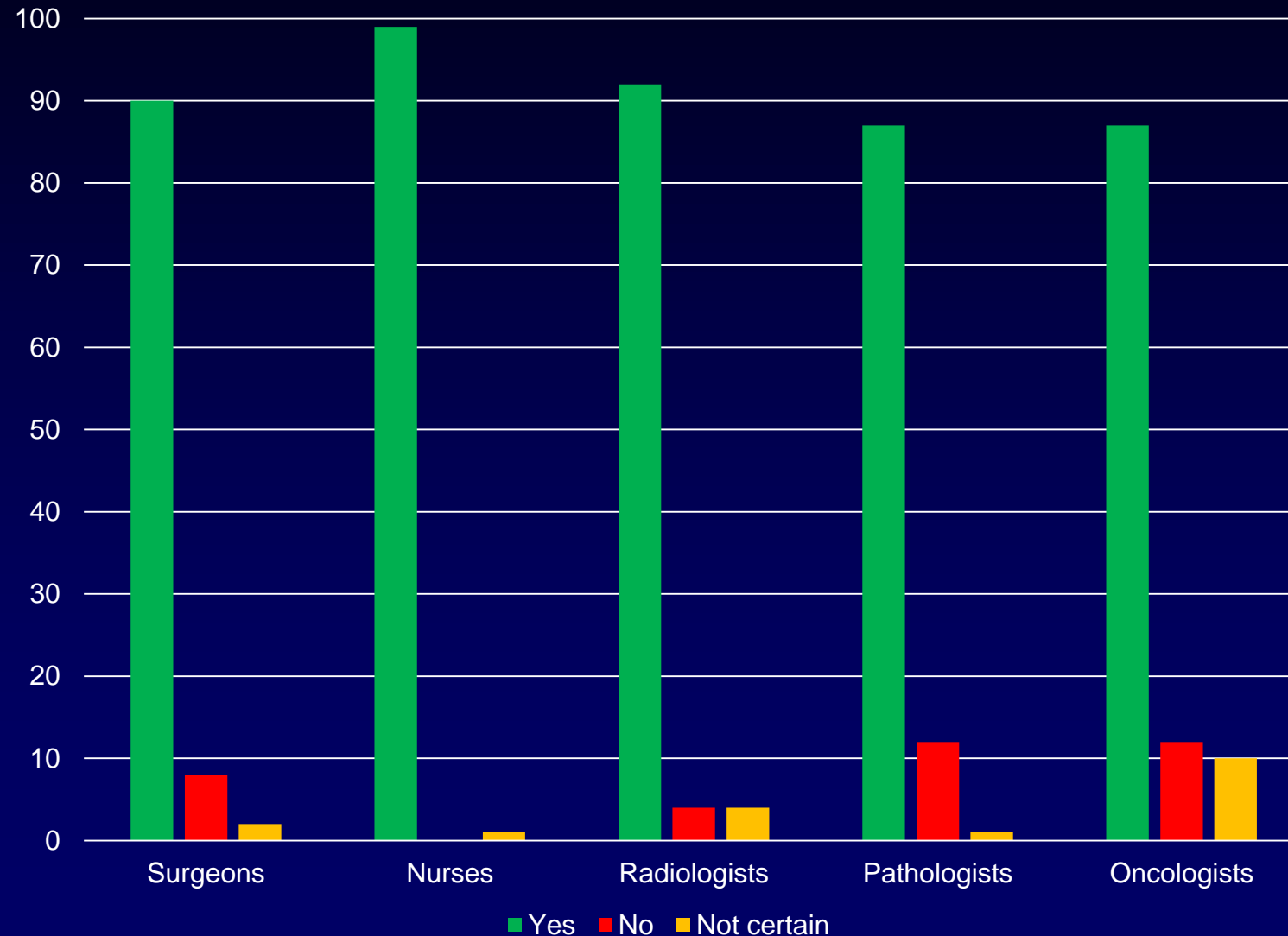
No 2%

Post-operative Breast Cancers

Should all breast cancer cases undergoing surgery be formally discussed at a MDT Meeting following surgery?

POST-OPERATIVE BREAST CANCERS

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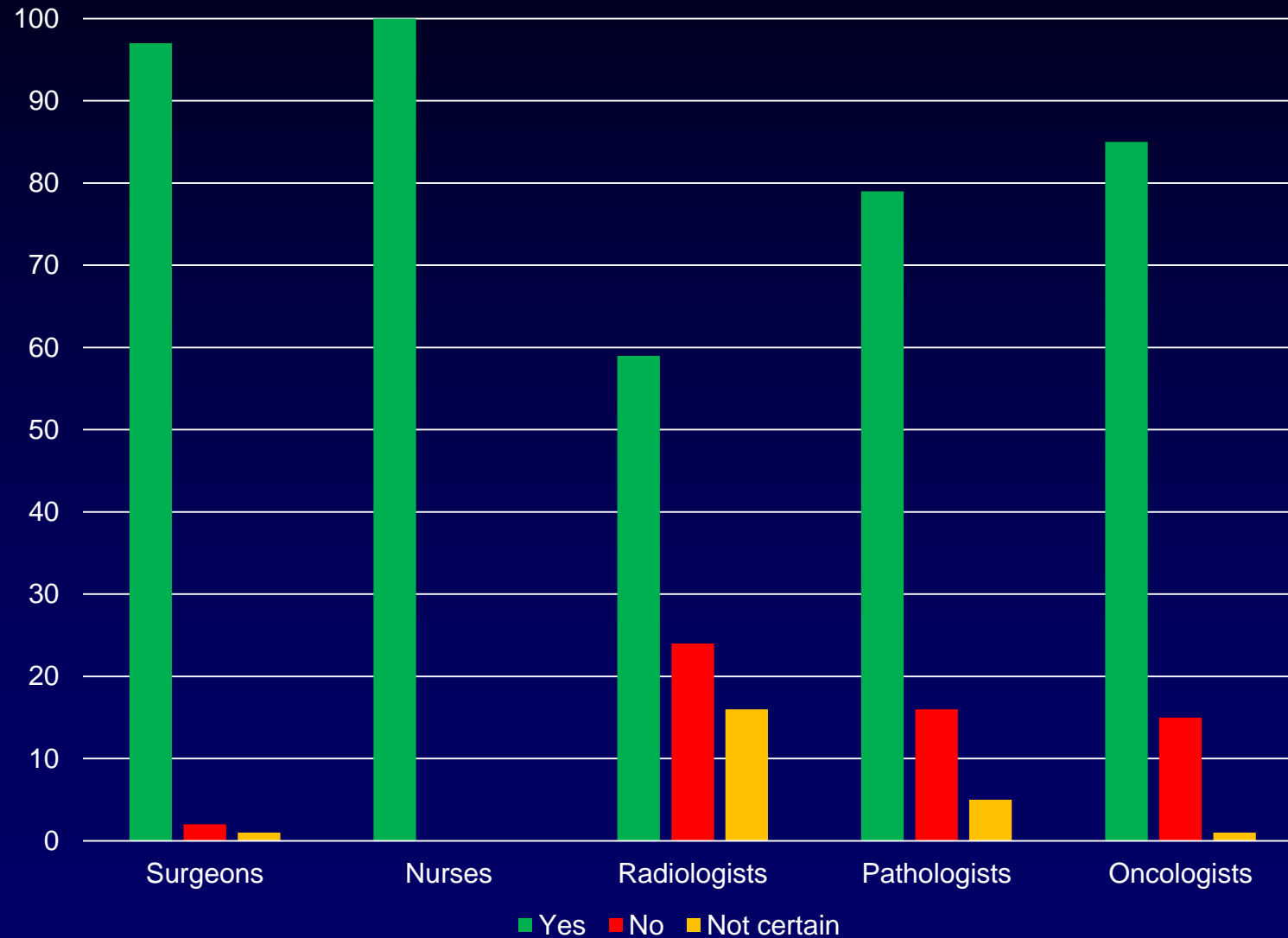


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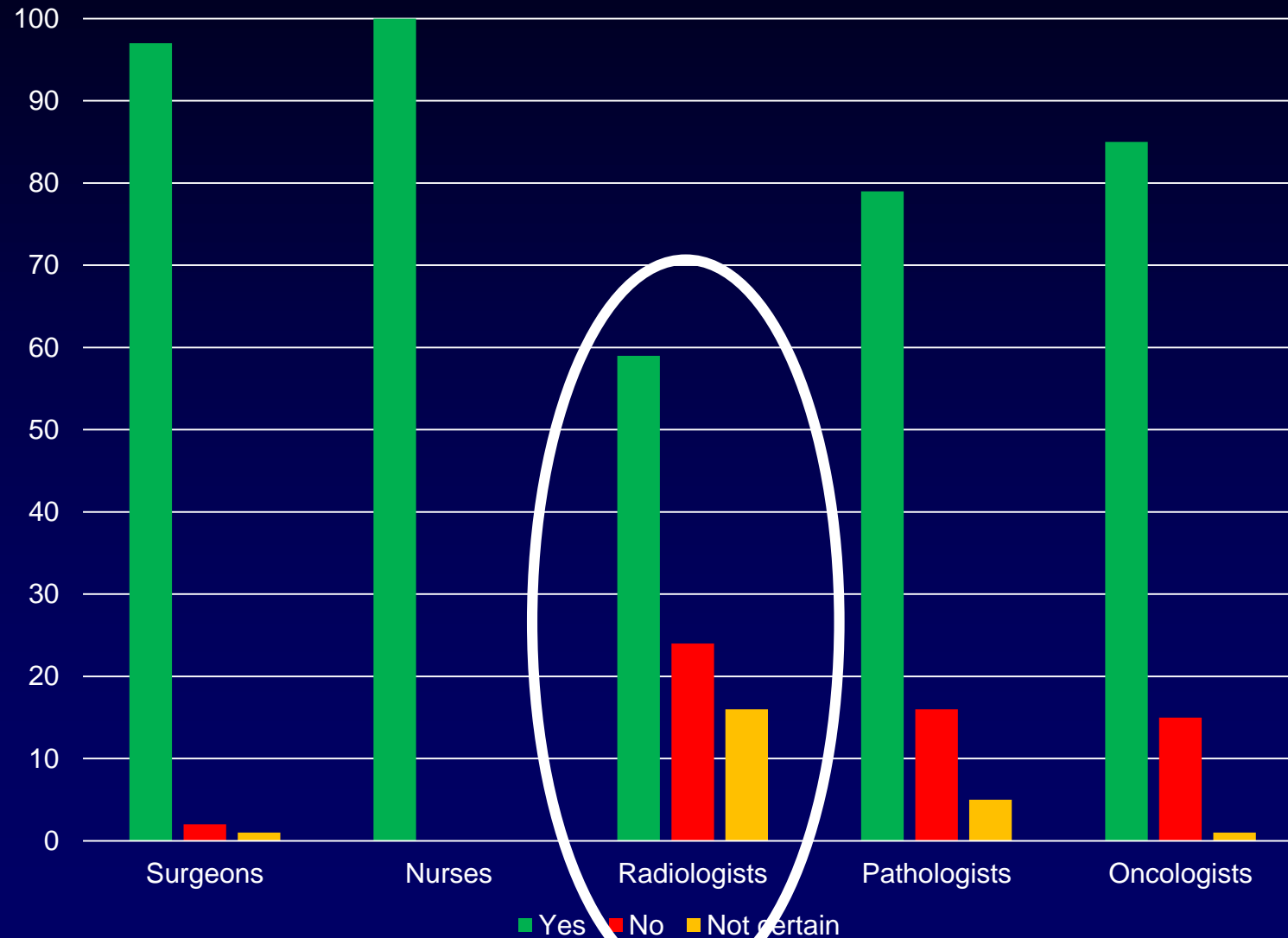
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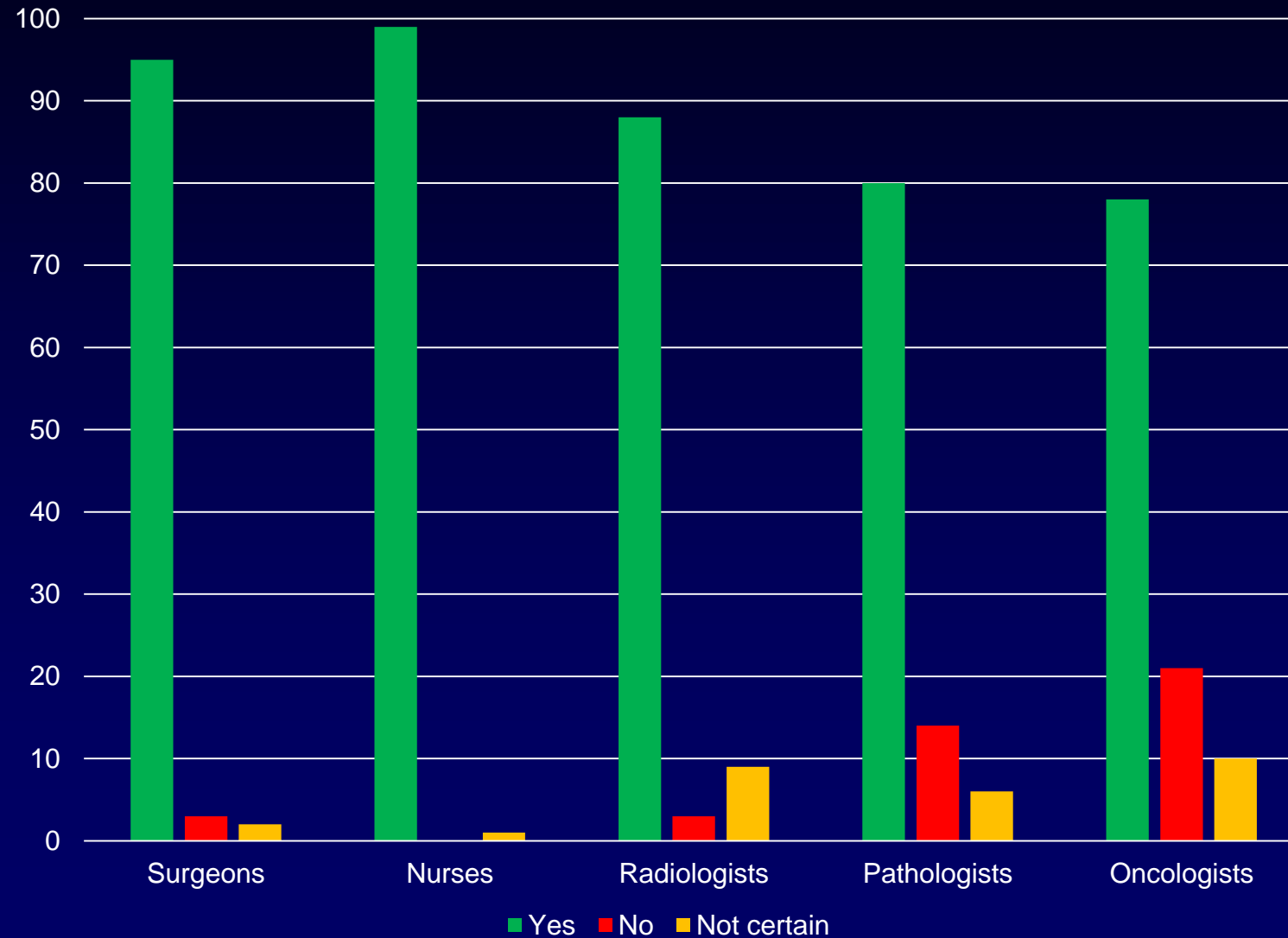


Breast Cancer Recurrence

**Should all cases of recurrent breast cancer
be formally discussed at a MDT Meeting?**

BREAST CANCER RECURRENCE

Should all cases of recurrent breast cancer be formally discussed at a MDT Meeting?

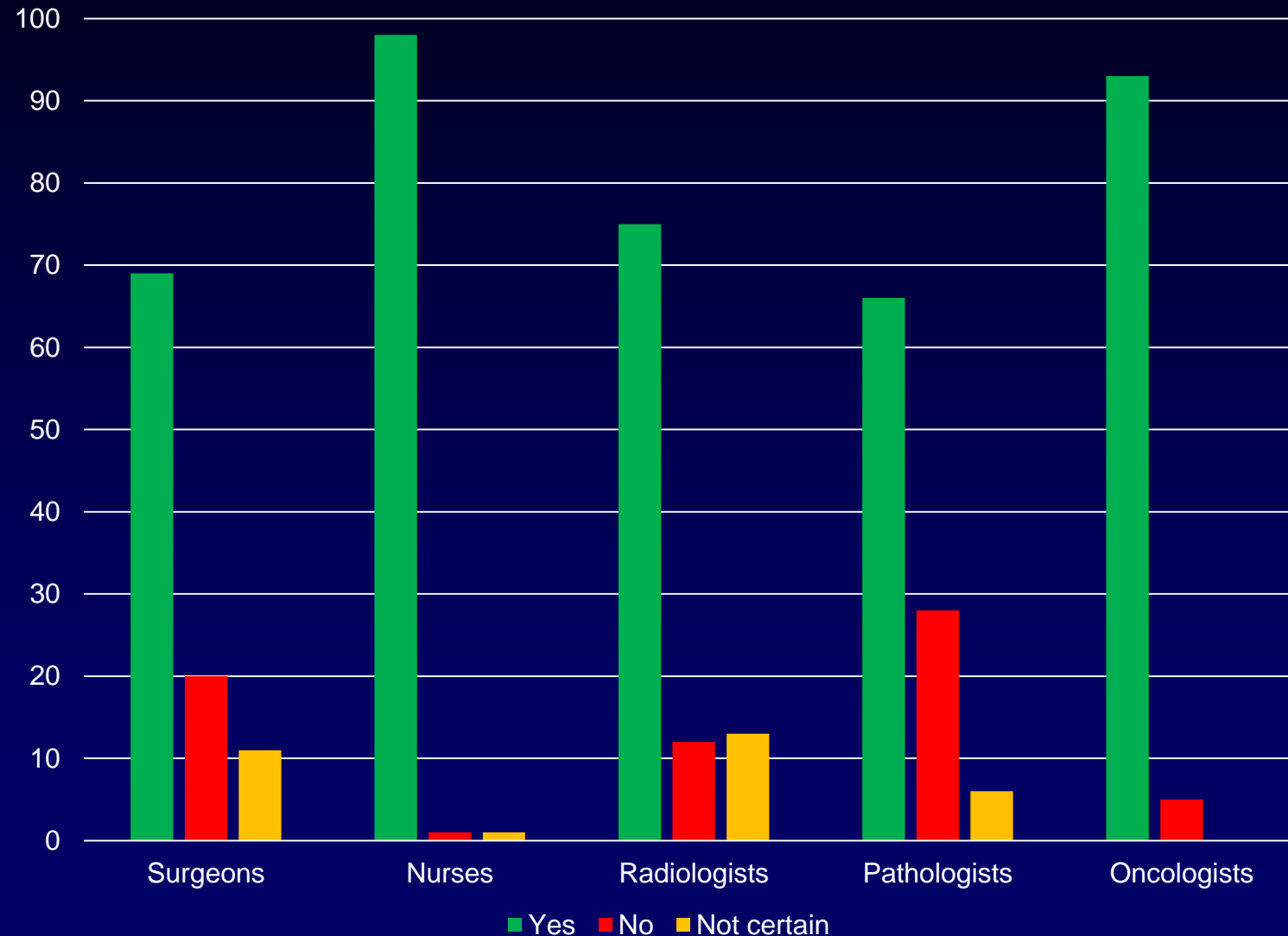


Breast Cancer Recurrence

**Does your discipline need to be
present for that discussion?**

BREAST CANCER RECURRENCE

Does your discipline need to be present for that discussion?



Interpretation

- ***The disciplines agree that cases should be formally discussed at a MDTM at key stages in the clinical pathway***
- ***Some disciplines want to be present when the discussion is relevant to them, but not throughout all of the cases***

Streamlining Multidisciplinary Team Meetings

Streamlining MDT Meetings

Proposal to Transform MDTMs

It has been proposed that only patients requiring true multidisciplinary input should be formally discussed at a MDTM. The majority of patients on predetermined agreed algorithms will be recorded and not discussed aiming to reduce the spent at MDTMs.

Each MDTM will have 2 lists:

the first would contain the names of patients who do not require discussion because all of their data has been reviewed and is available. These patients will be placed on a pre-agreed, recognised treatment algorithm/pathway.

The second list consists of patients who require multi-disciplinary/professional discussion.

Patients who are not discussed but who are recorded at the MDTM will have their data, treatment and outcome regularly audited for compliance to mandatory dataset collection requirements (local and national).

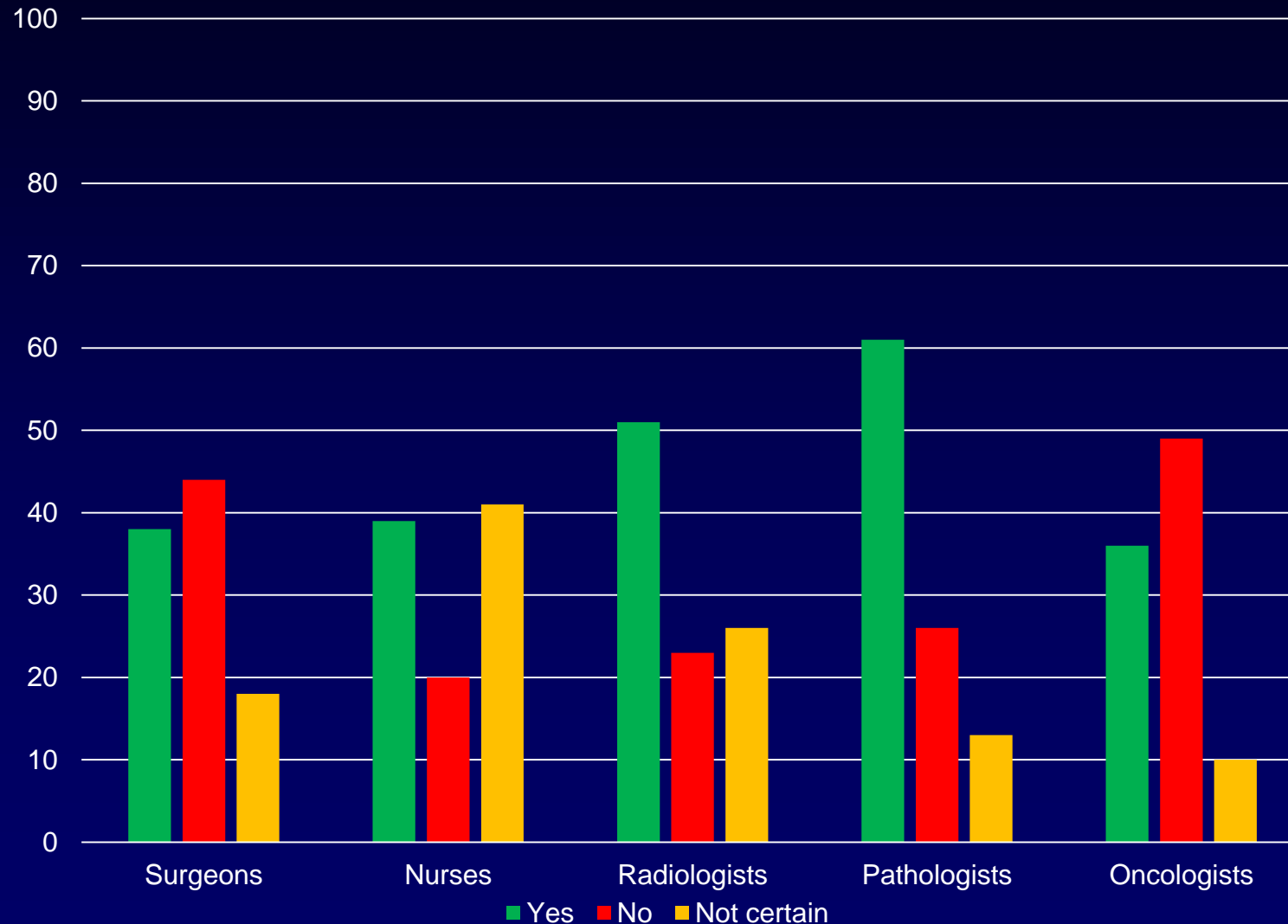
Regular audit will evaluate the acceptability of individual clinician practice in relation to standards of care as determined by MDTM protocols and national guidance.

Streamlining Multi-Disciplinary Team Meetings

Would you be in favour of a reformed MDTM system where only a small number of selected cases are formally discussed at a MDTM, the majority being placed on pre-agreed, recognised treatment algorithms / pathways ?

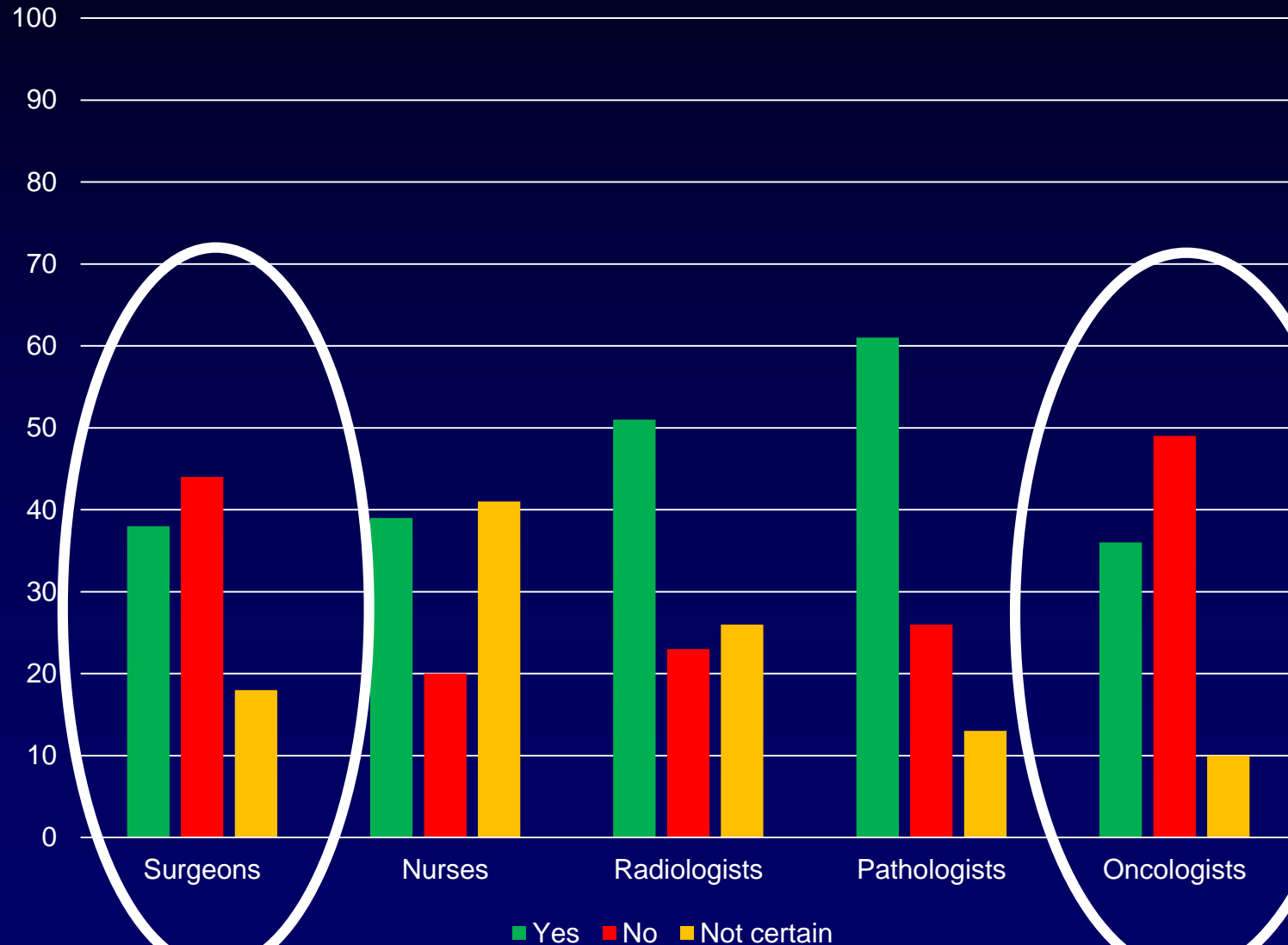
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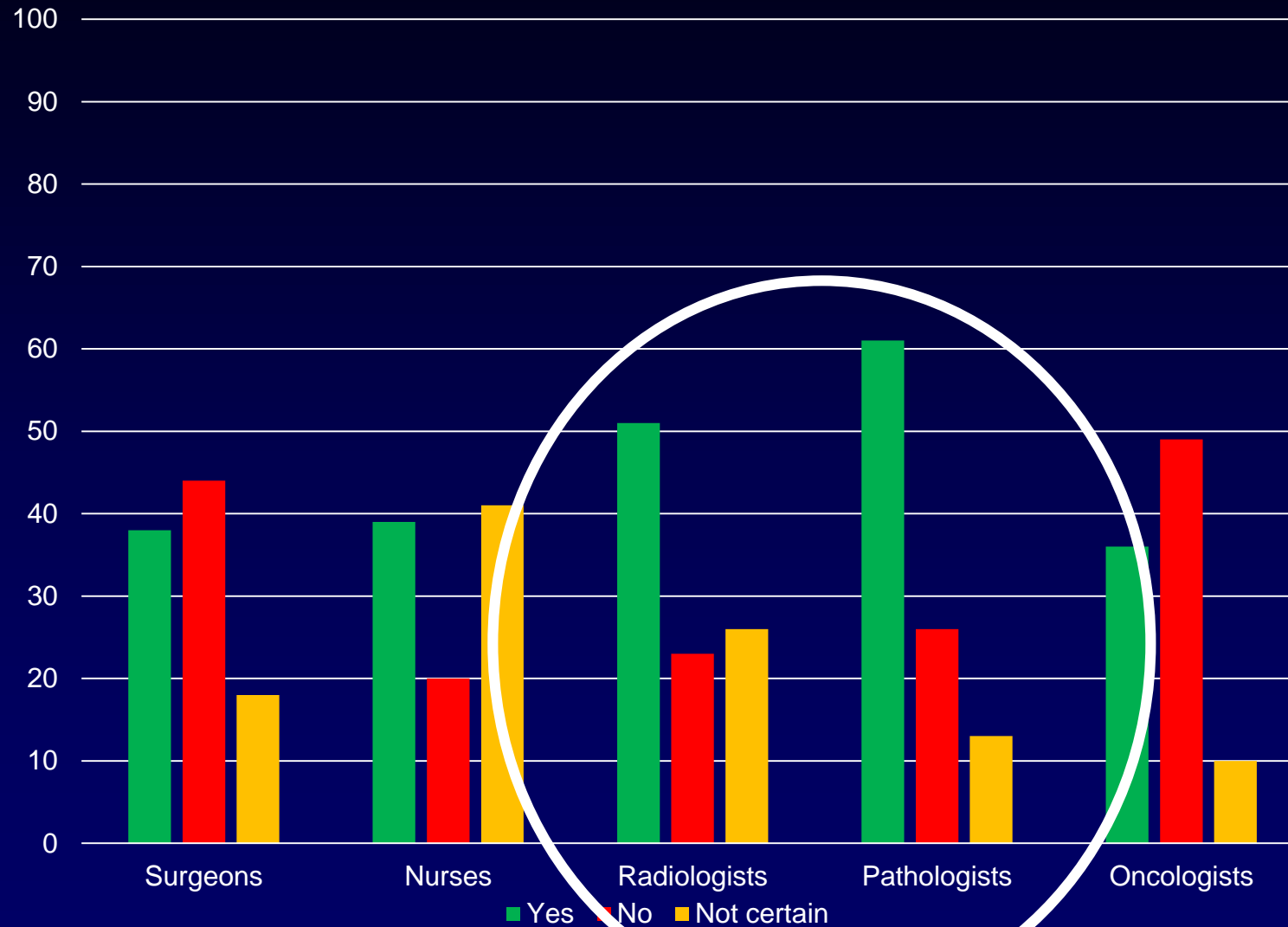
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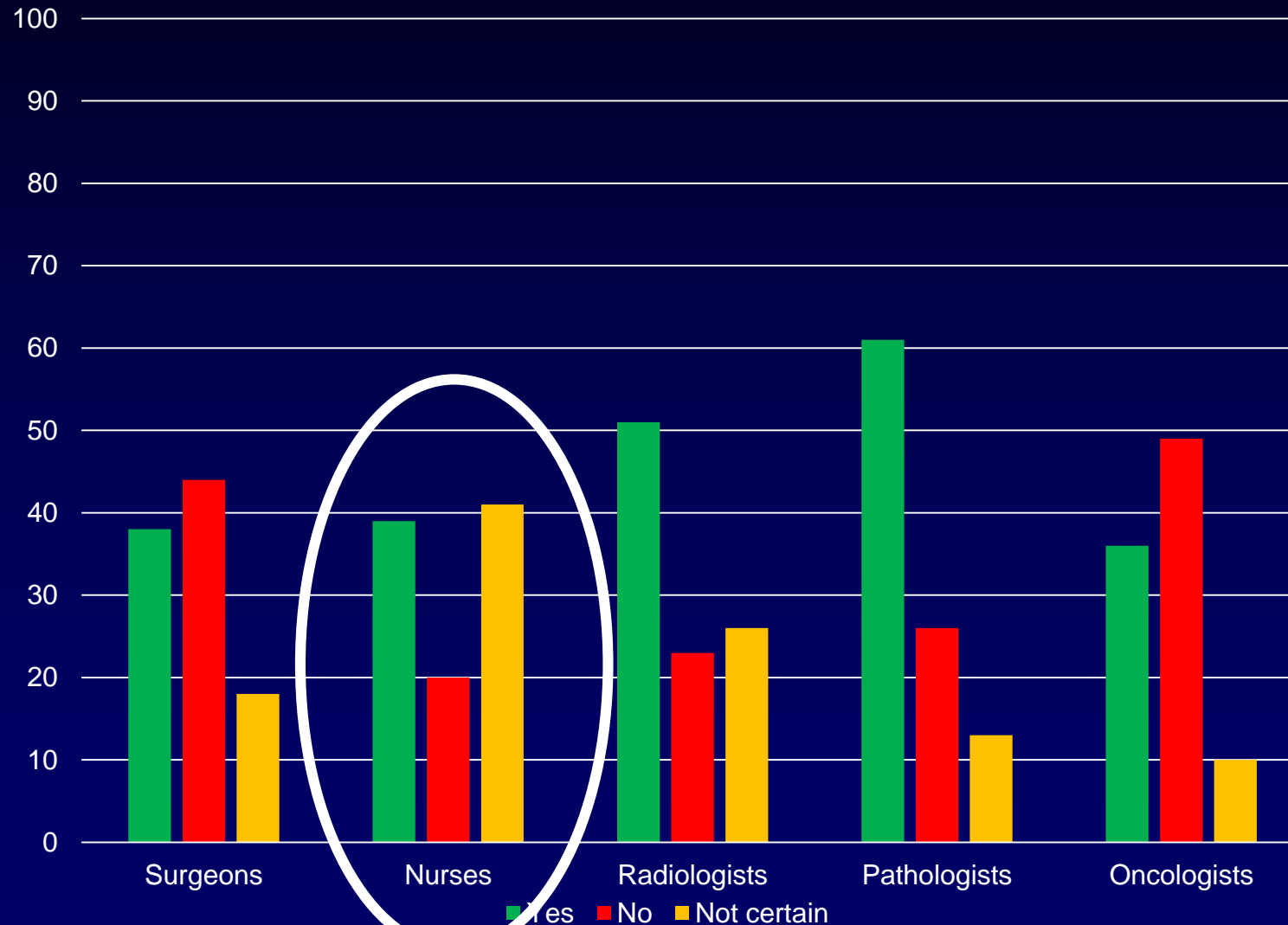
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Commentary

- *More than half of the radiologists and pathologists were in favour of the proposed system*
- *A majority of surgeons and oncologists did not support the proposed system*
- *There were more 'not certain' replies (range 13-41%) for this question*



Transforming Multidisciplinary Team Meetings

Fully supportive of piloting innovative ways of MDT working and decision making in parallel but these need to be **introduced with caution** as totally reliant on data quality and IT resources

Protocolisation Pilot

- Barts Health
- Breast pilot
- Oct 2018 - Jan 2019



Pilot study data Oct 2018 – Jan 2019 n= 381 pre-op patients

| Reason to move off list | Number | % | |
|---|-----------|------|---|
| T1 pathway | 12 / 381 | 0.06 | |
| NACT pathway | 17 / 381 | 0.04 | |
| Mets pathway | 7 / 381 | 0.01 | |
| T4d pathway | 4 / 381 | 0.01 | |
| Recurrence pathway | 6 / 381 | 0.01 | Total 46 / 381 12% |
| Tests not ready - defer | 25 / 381 | 0.07 | |
| Sort via email | 19 / 381 | 0.04 | |
| Could make a plan | 73 / 381 | 0.19 | |
| Double checking reports- do outside meeting | 42 / 381 | 0.11 | Total 159 / 381 42% |
| | 205 / 381 | 54% | Average number of pts on list reduced from 89- 57 post pilot= 35% reduction |

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Triage Meeting

Streamlining Multidisciplinary Team Meetings



Chris Harrison

NHS Cancer Programme's work on streamlining MDT meetings

"We had hoped that the guidance would be published by now however there were unexpected delays in publication, meaning that the guidance is still under consideration internally."

As soon as we have a date for publication we will be in touch to let you know, and would very much welcome your support in helping this work to embed and to take forward key elements including the development of Standards of Care."

Toolkit to increase efficiency of Multidisciplinary Team Meetings

Toolkit to increase efficiency of MDTMs

Organisation

IT support
Admin support
Scheduling
Duration

Leadership

During meeting
Organisational

Research

Trial eligibility

Networking / Support

Meeting Outputs

Documentation of decisions
DATA

Discipline requirements

Attendance
Preparation

Education

Trainees
Students
CPD

Breast Multidisciplinary Team Meetings Survey

- Diagnostic biopsies
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Your service

**Approximately how many new breast cancers
does your service treat each year ?**

Your service

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does your service treat each year ?**

| | |
|-----|-------------|
| 13% | < 250 |
| 47% | 250 – 500 |
| 25% | >500 |
| 15% | Not certain |

Your service

Do Pathologists have time allocated in their job plans for MDTM preparation ?

Your service

Do Pathologists have time allocated in their job plans for MDTM preparation ?

Yes 76%

No 20%

B3 4%

Your service

**In your routine MDT
preparation,
what do you preview?**

Routine MDT preparation

- 55% Slides and reports (biopsies and resections)
- 15% Reports only
- 15% Slides and Reports (biopsies only)
- 10% Selectively as requested
- 1% Slides and reports (resections only)
- 0% Slides and reports
(resections only because biopsy has been done elsewhere)
- 4% Nothing

Routine MDT preparation

Why do you NOT preview slides from all cases (both biopsies and resections)?

N = 90

25% Don't think it is necessary

62% Don't have time to do this

13% Logistical issues
(eg, MDT venue at a different site to the lab)

Routine MDT preparation

If time was made available in your job plan and/or logistical issues overcome (for example with digital pathology), do you think it would be deemed good practice to review both slides and reports?

Yes 77%

No 23%

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Improvements in MDT Working

NOW

Multidisciplinary Toolkit

To improve the efficiency of our existing MDTMs

FUTURE

Innovative new ways to minimise the number of MDTM discussions

Thank you



Mark Sibbering

**University Hospitals
of Derby & Burton**

ABP Second Annual Conference 4th October 2019