Evaluating the performance of Multidisciplinary Teams (MDTs) in NHS Cancer Services

Project Aims

To understand the performance of Multi-Disciplinary Teams (MDTs) in NHS cancer care, identify best practice and consider areas in need of improvement. This will help to inform Cancer Research UK’s policy development work and help us make policy recommendations to ensure that all patients receive the best evidence-based treatment and care in the NHS. This is intended to be a UK-wide project.

Rationale

MDTs are considered the ‘gold standard’ in terms of cancer patient management. They have made a substantial contribution to reducing variation in access to treatment and improving outcomes. However, there are concerns that MDTs are under growing pressure, and thus may not operating as effectively as they could be (see annex A).¹ Research has shown that time pressure, heavy caseload, low attendance of appropriate members, poor teamwork and poor leadership is detrimental to the quality of decision-making during the MDT meeting.² This could clearly have an impact on cancer patient outcomes.

Questions have been raised as to whether the current model of MDTs – assessing every patient who has been diagnosed with cancer, or is suspected of having cancer – is the most suitable. A view among some clinicians is that a move towards the Canadian MDT model of only discussing the more complex cases would be beneficial.³ However, there doesn’t seem to be comprehensive evidence of MDT performance in the UK and the pressures they face, or consensus view on the best model of working.

A 2014 report by Cancer Research UK, evaluating cancer surgery services in the UK, made some high level recommendations about the need to further develop and support MDTs to maximise their effectiveness in an evolving NHS.⁴ However, as this was only a part of the report more detail on how this can be achieved is needed. In addition, the 2015 report from the Independent Cancer Taskforce contained a number of recommendations to improve MDTs in England, including the need to streamline processes (see annex A).⁵

There remains a need for a comprehensive review of MDT performance and ways of working, as well as an assessment of how they could be improved to best benefit patients. We are looking to develop an evidence base which will inform our future policy work and recommendations we make to UK health decision-making organisations.

Background

Every patient who has been diagnosed with cancer, or who has suspected cancer, is discussed during an MDT meeting. These meetings aim to bring together staff with a variety of knowledge, skills and experience, in order to ensure high quality diagnosis, treatment and care.⁵ An MDT typically comprises medical and clinical oncologists, radiologists, pathologists, nurses and other relevant staff.

The usual pattern of MDTs is a weekly meeting (or fortnightly, for rarer cancers) considering eight to ten patients at each session. However, some clinicians have reported discussing sixty patients over an hour and a half session. It is possible for staff at other sites to join the MDT via video link (virtual MDTs, or vMDTs), but it is not clear how well this is working – not all Trusts have full technological capacity, and the National Tariff does not cover the full costs.⁶

The focus of an MDT is primarily clinical, aiming to make treatment recommendations for patients. Beyond that, they aim to promote continuity of care and ensure that patients receive adequate information and
support. They also facilitate communication between primary, secondary and tertiary care, and collect data for audit and research – although it is unclear how well this is being done at the moment.\textsuperscript{3,6}

Work in previous years has set out guidelines of best practice for MDTs\textsuperscript{5,7}. However, these are now relatively out of date. Other research has demonstrated the positive impact of successful MDTs on patient outcomes: in the UK, multidisciplinary working is associated with improved five year survival in colorectal and oesophageal cancer, and improved two year survival in head and neck cancer. More broadly, an effective MDT promotes informed decision making, arising from a consensus of opinion among experts, therefore is extremely valuable for patients.\textsuperscript{6}

**Key Questions**

Possible questions include (non-exhaustive):

- How are MDTs performing across the UK?
- How do MDTs approach measuring outcomes and their performance? Is this information made public?
- What are the factors contributing to increased pressure on MDTs? For example, rising cancer incidence, lack of resources/capacity, model of working.
- How are MDTs resourced?
- What is the best model of working for an effective MDT, in order to ensure they work efficiently:
  - Fundamental structure/purpose; which patients are discussed
  - Membership: the constituent members may vary, which can have an impact on how treatment decisions are reached by the team.
- What is the role of technology in ensuring effective working? e.g. vMDTs, it is thought that many Trusts don’t have full technological capacity.
- How well do MDTs support/promote research in the NHS?

**Methodology**

We welcome proposals on methodology. Examples of methods include:

- Quantitative analysis
- Interviews with clinicians and patients across the UK
- Online stakeholder surveys

**Product**

The product(s) of the research is likely to include:

- An executive summary of key findings
- The methodology and approach to the work
- A full account of all of the research findings
- Policy recommendations on any improvements that could be made

Cancer Research UK will award the project grant to one contracting organisation only; however it may be possible for applicants to sub-contract aspects of the project subject to the approval of Cancer Research UK. This should be discussed at application stage.
Timescale

Informal expressions of interest should be sent to Rose Gray (details below) by Friday 30th October – this is so that we can anticipate your application and answer any questions you may have about the project.

A full application giving detailed methodology and budget breakdown should be submitted by Friday 13th November.

The intention is that a decision will be made by the end of November.

We expect interim findings to be communicated to us by the end of February 2016, with the full report submitted by the end of May 2016.

Submission

Please send the following to Rose Gray, rose.gray@cancer.org.uk, 020 3469 8046.

- Proposed approach to project and methodology
- Budget breakdown – we would welcome a suit of options in terms of what is possible
- CVs of staff who will work on the project and a short summary of experience carrying out this type of work
- Information about relevant governance arrangements within your institution.

Or via the following address:
Policy Department, Cancer Research UK, 407 St John St, London EC1V 4AD

Further information

Should you have any questions about this project, please contact Rose Gray using the contact details above.
Annex A

A report commissioned by CR-UK ‘An evaluation of cancer surgery services in the UK’ found:

- MDTs represent a gold standard of cancer treatment. However, they are becoming increasingly stretched, with increasing caseloads and therefore less time to consider individual cases.
- The usual pattern reported was a weekly one-hour MDT considering eight to ten patients at each session, but some reported considering sixty patients over an hour and a half session.
- Delays in receiving information from other units (e.g. patient scans) were raised as a concern.
- Some specialties shoulder a larger burden in preparing for MDTs – it was estimated that radiologists might have to spend four hours preparing for an MDT.
- Some MDTs are using virtual MDTs (vMDTs), carried out through videoconferencing or other methods, to connect multiple sites and avoid travel costs.

The report recommended:
1. Commitments to developing and supporting MDTs are needed within both local plans/programmes to develop cancer services.
2. There is much research and piloting work underway to support the development of telemedicine within the NHS; this could usefully extend its focus to include models of remote clinical teamworking such as virtual MDTs (vMDTs).

Recommendations on Multidisciplinary Teams in the Independent Cancer Taskforce’s report4:

Recommendation 38: NHS England should encourage providers to streamline MDT processes such that specialist time is focused on those cancer cases that don’t follow well-established clinical pathways, with other patients being discussed more briefly.

Recommendation 39: NHS England should require MDTs to review a monthly audit report of patients who have died within 30 days of active treatment, to determine whether lessons can be learned about patient safety or avoiding superfluous treatment.

Recommendation 40: The Trust Development Authority, Monitor and NHS England should strongly encourage the establishment of national or regional MDTs for rarer cancers where treatment options are low volume and/or high risk. Clinical Reference Groups will need to play a key role in supporting these.

3 Views gathered from CR-UK roundtable on ‘An evaluation of cancer surgery services in the UK’ – available on request