National Cancer Peer Review

HAEMATOLOGY MDT

MDT Operational Policy - Agreement Cover Sheet

This Operational Policy has been agreed by:

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Organisation: Hull University Teaching Hospitals NHS Trust

Date Agreed: November 2019

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HAEMATOLOGY MULTIDISCIPLINARY TEAM OPERATIONAL POLICY

2019-2020

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Introduction

Operational Policy Outline

This operational policy is built around the National Institute for Health and Care Excellence (NICE) Haematological Cancers Improving Outcomes (HIOG) document 2016.

https://www.nice.org.uk/guidance/ng47

Haemato-oncology MDT Measures

Integrated Diagnostic Reporting (Recommendation 1.1)

Specific laboratory guidelines for diagnosis of haematological malignancies are provided from the local Specialist Integrated Haematological Malignancy Diagnostic Service Providers (SIHMDS) in Leeds Teaching Hospitals Trust (**recommendation 1.1.1 to 1.1.10**)
All samples from patients with suspected haematological malignancy should be sent directly to HMDS without local diagnostic workup.
The SIHMDS provides investigational modalities and techniques that cover a wide range of malignant and non-malignant conditions. Techniques used within the laboratory include morphology, cytopathology and immunocytochemistry of bone marrow aspirates, trephine biopsies and tissue biopsies. Extensive flow cytometric panels are used within the laboratory. Molecular techniques, including high throughput sequencing are available for the detection of clonality, chromosomal mutations and translocations. FISH and cytogenetics support these. Within the SIHMDS are standard operating procedures (SOPs) for the screening tests performed for each sample type sent to the laboratory and SOPs for the investigations performed in specific disease subgroups including B-cell malignancies, T-cell malignancies, myeloid malignancies, non-haematological malignancies and non-malignant disorders. There are established protocols for diagnosis, prognostication and minimal residual disease monitoring. All of these SOPs and general information for users about the HMDS service, diagnostic standards and background material are available on two public websites:

http://hmds.info/ and www.hmrn.org.

HMDS and The Epidemiology and Cancer Statistics Group, University of York, maintain these websites. Specific issues relating to HMDS concerning the scope or operation of the service are discussed at network meetings. The HMDS user guide for sample turnaround times and sample requirements is available here:-

http://hmds.info/hmds-lab-user-guide

Staffing and facilities (levels of care) of adults and young people who are having high-intensity non-transplant chemotherapy (Recommendation 1.2)

Centre Size

Patient groups undergoing high intensity chemotherapy will be treated on ward 33, Queens Centre for Oncology and Haematology, Castle Hill Hospital (CHH) in line with the recommendations of the NICE HIOG document. (**recommendation 1.2.2, 1.3.29, 1.3.30**).

Facilities

Ward 33 has single occupancy rooms with dedicated bathrooms and clean air isolation facilities. (**recommendation 1.2.3-1.2.4**)

Arrangements for direct admission to ward 33 exist via the nurse-in-charge on Bleep 500 (**recommendation 1.2.5**).

Adequate capacity exists within the Queen's Centre to treat all patients under the care of MDT undergoing high intensity chemotherapy (**recommendation 1.2.6**).

A dedicated outpatient area exists within the Queens Centre with adequate facilities for the administration of infusions, multiple medications and blood transfusions (**recommendation 1.2.7**).

There is rapid availability of blood counts and components for transfusion via the on-site haematology laboratory (**recommendation 1.2.8**).

On-site facilities for emergency cross-sectional imaging are present on the Castle Hill site (**recommendation 1.2.9**).

Cytotoxic drug reconstitution is centralised in a pharmacy cytotoxic unit in the Queen's Centre (**recommendation 1.2.10**).

Central venous catheter insertion is delivered by interventional radiology at the CHH site or by the Vascular Surgical team, Hull Royal Infirmary (**recommendation 1.2.11**).

On-site access to intensive care, renal replacement therapies and bronchoscopy is available via the intensive care units at CHH (**recommendation 1.2.12**).

Ambulatory Care

Ambulatory care is offered to groups of adults and young people undergoing intensive chemotherapy deemed to be suitable and at relatively low risk of procedural complications. (**recommendation 1.2.13**).

A standard operating policy for ambulatory care "Guidelines for early ward discharge management of patients with acute leukaemia receiving intensive chemotherapy" is held on the Pattie intranet system (**recommendation 1.2.15**).

https://pattie.info/Interact/Pages/Content/Document.aspx?id=4967&SearchId=

ProceduralDocument
+-+Early+Ward+Disc

Patient preferences, co-morbidities, travel times and level of support are taken into account when offering carer support (**recommendation 1.2.16**).

Clinical Policies
Clinical policies and guidelines are in place to support delivery of chemotherapy and common procedures including the administration of intrathecal chemotherapy and the management of spinal cord compression. Guidelines and patient pathways for the MDT are available at:-
https://www.HUTH.nhs.uk/queens/services/haematology-mdt/

Hard copies of guidelines for the Acute Oncology Service (AOS) and Spinal Cord Compression are available on the acute assessment unit (AAU) and in the Accident and Emergency Department (A&E). Patients at Hull University Teaching Hospitals NHS Trust (HUTH) undergoing cyto-reductive chemotherapy treatment are to be highlighted on the electronic Patient Administration System (PAS) via a chemotherapy alert flag. Guidelines are for the administration of chemotherapy, management of extravasation and tumour lysis are available on the intranet and attached below.
https://www.HUTH.nhs.uk/queens/cancer-network-guidelines/
https://www.HUTH.nhs.uk/queens/services/mscc/

Management of Patients within the Teenage and Young Adult Age group

The management of Teenagers and Young Adult (TYA) patients with haematological malignancies is also outlined within documents on the YHSCN website. This outlines the care of those 16-18 and those 19-24 years of age.
http://www.yhscn.nhs.uk/cancer/cancer-UsefulInformation/TeenageandYoungAdults.php
https://www.HUTH.nhs.uk/queens/services/teenage-and-young-adult-unit/

In Hull University Teaching Hospitals NHS Trust the paediatric teams care for children up to the age of their 16th birthday. Following this patients are cared for within the adult service. Following the NICE Improving Outcome Guidance for Children and Young People with Cancer all 16-18 year olds are referred at suspicion of diagnosis of haematological malignancy to the local Principle Treatment Centre in Leeds. Patients within the 19-25 age groups are offered the choice for local care or transfer to the local Principle Treatment Centre in Leeds. All patients who chose to be cared for closer to home are referred to the TYA MDT in Leeds by the consultant in charge of their care or by the TYA clinical nurse specialist.

Management of Patients without Haematological Malignancy

Patients who are found not to have a haematological malignancy after investigation are referred either to the appropriate site specific disease MDT or the carcinoma of unknown primary MDT.
(Recommendation 1.2.17 1.3.29).

Audit
Audits of high intensity chemotherapy are undertaken under the supervision of the trust chemotherapy lead.
The haematology department actively engages in regular audit of local / internal process and outcome. The findings are reviewed and presented at the regular weekly educational meetings. The program should include review of external datasets where relevant. These

audits may also be presented at other relevant meetings (for example regional audit meetings or disease-specific educational day etc.). Some of these audits will be included in the network audit program as appropriate. The latter will include audit of workload and cancer waiting times **(recommendation 1.2.17-1.2.18).**

Staffing

HUTH has a complete tier of consultant-led medical staff available 24 hours a day. The current consultant body comprises:-
Dr David Allsup, Lymphoid malignancies, haemostasis.
Dr James Bailey, Lymphoid malignancies.
Dr Senthil Durairaj, Lymphoid malignancies, myeloma.
Dr Andrew Fletcher, Myeloid malignancies, acute leukaemia, teenage young adult care, laboratory lead.
Dr Simone Green, Myeloid malignancies, acute leukaemia, paediatric haemostasis.
Professor Russell Patmore, Lymphoid malignancies, lead for stem cell transplantation.
Locum consultant. myeloid and lymphoid malignancies.

North Lincolnshire and Goole (NLAG) Foundation Trust consultant body comprises:-
Dr Sanjeev Jalihal, Lymphoid and myeloid malignancies.
Three vacant substantive posts, one filled by a long-term locum.

All substantive consultants are core members of the regional MDT. Speciality trainees and speciality doctors involved in care given to adults and young people who are receiving high intensity chemotherapy are dedicated haematologists based within the Queen's Centre. (**recommendation 1.2.19-1.2.20, 1.3.31**).

Care delivered to adults and young people receiving high intensity chemotherapy is provided on ward 33, Queen's Centre, CHH, HUTH which is staffed at high-dependency unit levels. Nursing staff are trained in the use of central venous access devices and the care of unstable patients (**recommendation 1.2.21-1.2.22, 1.3.32**).

Consultant level microbiological advice is available via:-
Dr Patrick Lille, Consultant in Infectious Diseases.
Specialist laboratory facilities are available within HUTH for the diagnosis of all relevant bacterial, viral and fungal infections. (**recommendation 1.2.23**).

Consultant clinical oncology input is provided on-site at HUTH by Dr Nabil El-Mahdawi. Radiotherapy is delivered within the Queen's Centre, CHH, HUTH (**recommendation 1.2.24**).

The specialist haematology pharmacist is Sarah Scargill with oral and parenteral chemotherapy being dispensed from within the Queens Centre (**recommendation 1.2.25**).

Entry of haematology patients into clinical trials is facilitated by the clinical trials unit, located within the Queen's Centre. Trial entry is supported by two research nurses, one clinical trial assistant and a clinical trial coordinator (**recommendation 1.2.26**).

Multidisciplinary teams (recommendation 1.3)

The Humberside and North Lincolnshire Haematology Multidisciplinary Team Meeting serves a population of 927,000 derived from the East Riding of Yorkshire, Hull, North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups. The care of all patients with haematological malignancies from the following hospitals are discussed in this meeting:-

1. Diana Princess of Wales (DPW, Grimsby), part of Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG).
2. Hull University Teaching Hospital Trust (HUTH).
3. Scunthorpe General Hospital (SGH), part of Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG). **(Recommendation 1.3.1-1.3.8**).

Purpose and Function of the MDT

The aim of the MDT is to ensure a coordinated approach to diagnosis, treatment and care for all patients with a diagnosis of a haematological cancer. It is committed to achieving the highest standards of care and patient outcomes. Key functions include:

- To review all newly diagnosed haematological cancer patients.
- To facilitate clinical, radiological and pathological correlation.
- To establish and confirm the diagnosis and consider potential therapies.
- To provide comprehensive information to patients and their relatives.
- To agree an initial treatment plan taking into account all clinical information and a holistic assessment of the patient's needs.
- To provide ongoing review as required throughout the patient pathway including review and discussion where a decision to discontinue active cancer therapy is needed.

Core Membership

The Hull and North Lincolnshire haematology MDT treats patients with acute leukaemias and other myeloid disorders and patients with lymphoid and plasma cell malignancies. The current core membership of the MDT includes:

- 3 haemato-oncologists managing acute leukaemias and myeloid disorders in HUTH.
- 3 haemato-oncologists managing lymphoproliferative and plasma cell disorders in HUTH.
- 2 haemato-oncologists managing myeloid and lymphoid disorders in Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, one in each site of Grimsby and Scunthorpe.
- 1 clinical oncologist with an interest in managing haematological disorders in HUTH.
- 1 haemato-pathologist based in the Haematology Malignancy Diagnostic Service (HMDS) in Leeds Teaching Hospitals.
- Clinical Nurse Specialists, at least one from HUTH and one from NLAG.
- Palliative care specialist, HUTH.
- 2 consultant radiologists.
- 1 MDT coordinator/support.

(Recommendation 1.3.9-1.3.11; 1.3.28).

The table below lists the names, roles and responsibilities and cover arrangement for the haematology MDT core members.

Core Team Member	Roles & Responsibilities	Nominated cover
Vacant Post. Consultant Haematologist, Hull.	Leukaemia, Myelodysplasia and MPD Haematologist	Dr S Green, Dr A Fletcher.
Dr D Allsup, Consultant Haematologist, Hull.	Lymphoma & Myeloma Haematologist. **Haematology MDT Lead Clinician. Nominated Lead for Clinical Trials Recruitment.**	Dr J Bailey, Prof R Patmore.
Dr J Bailey, Consultant Haematologist, Hull.	Lymphoma & Myeloma Haematologist.	Dr D Allsup, Prof R Patmore.
Mrs. K Beadle.	Haematology Clinical Nurse Specialist. **Core member responsible for level 2 psychological support, user issues and information for patients.**	Mrs. N Montague, Mrs L. Clark.
Dr C Cargo, Consultant Haematopathologist.	Specialist Haematopathologist.	Dr H Ali Consultant Haematopathologist.
Mrs. L. Clark.	Haematology Clinical Nurse Specialist. **Core member responsible for psychological support, user issues and information for patients.**	Mrs. N Montague, Mrs. K Beadle.
Dr S Durairaj	Lymphoma & Myeloma Haematologist.	Dr D Allsup, Dr J Bailey, Prof R Patmore.
Dr N El-Mahdawi, Consultant Clinical Oncologist.	Radiotherapy specialist for Lymphoma, Myeloma and Leukaemia.	Dr Pattu.
Dr A Fletcher, Consultant Haematologist, Hull.	Leukaemia, MDS, MPD and Haematologist. **Haematology Lead Clinician Lead Clinician for TYA.**	Dr S Green.
Dr A Goldstone.	Consultant Radiologist. Imaging specialist for Lymphoma & Myeloma.	Dr C Hauff, Consultant Radiologist.
Dr S Green	Leukaemia, MDS, MPD and Haematologist.	Dr Fletcher

Dr C Hauff.	Consultant Radiologist. Imaging specialist for Lymphoma & Myeloma.	Dr A Goldstone, Consultant Radiologist.
Dr S Jalihal, Consultant Haematologist, Scunthorpe.	Lymphoma, Myeloma, Leukaemia, Myelodysplasia and MPD Haematologist	See Below*
Vacant post Consultant Haematologist, Grimsby.	Lymphoma, Myeloma, Leukaemia, Myelodysplasia and Myelofproliferative Haematologist.	
Dr Hannah Leahy Consultant Palliative Care Physician.	Palliative care	Dr K Saharia.
Mrs. N Montague	Haematology Clinical Nurse Specialist. **Core member responsible for psychological support, user issues and information for patients.**	Mrs. S Millington, Mrs. K Beadle
Mrs. L Osborne	Haematology Clinical Nurse Specialist, Grimsby	Mrs D Savage, Mrs D Reed
Prof R Patmore, Consultant Haematologist, Hull	Lymphoma and myeloma Haematologist. **Nominated lead for the network audit group.** **Lead clinician for stem cell transplantation.**	Dr J Bailey, Dr D Allsup.
Mr J Parker-Taylor	MDT Data Manager/Co-coordinator.	Mrs M Shaji
Mrs. D Savage	Haematology Clinical Nurse Specialist. Grimsby	

Mrs K Beadle has completed the training necessary to practice at level 2 for the psychological support of cancer patients and carers. She receives a minimum of 1 hour's clinical supervision by a level 3 practitioner per month
Mrs Kay Beadle is the core member who has specific responsibility for users' issues and information for patients and carers

In addition to the core members, the MDT has an extended membership list of medical, nursing, research and administration staff who are encouraged to attend regularly and to contribute to the discussion.

Name	Role
Dr S Dawi	Speciality doctor in Haematology, HUTH.
Dr E Oluwayomi	Speciality doctor in Haematology, HUTH.
Mrs V Walsh	CNS. TYA cancer unit, HUTH
Mrs D Brown	CNS coordinator/administrator
Ms J Hogg	Research nurse, HUTH
Mrs. G Windass	Research nurse, HUTH

Ms V Rowe	Research assistant, HUTH

Additional extended members include representatives from microbiology/infectious diseases, pharmacy, interventional radiology/vascular surgery to facilitate vascular access, dietetics and orthopaedics via the bone metastases MDT all of which are accessible in HUTH.
In addition the following services are available to the MDT in HUTH:-
Rehabilitation, liaison psychiatry, social work, bereavement support and welfare rights advice. Access to these services can be coordinated by clinical nurse specialists.

A clinical nurse specialist will act as key worker to newly diagnosed patients with the following roles and duties:-

- The key worker will be identified as early as possible in the patient's pathway of care.
- Following discussion at MDT each patient will be offered a key worker.
- Allocation of the Key Worker is recorded on the patient's individual MDT outcome sheet and this is then retained in the patient's NHS notes and on the Somerset system.
- The Key Worker is introduced to the patient at or as soon after diagnosis as possible.
- A contact letter is sent to each patient identifying their key worker and also giving contact details. This is retained on Patient Centre and also within the patient's NHS notes.
- The patient is made aware of the function of this role, both verbally and in written form.
- Contact with the Key Worker can be made via telephone support, clinic visits or visits to the clinical area.

The Key Worker will play the main role in coordinating patient care and acts as a patient's main point of contact with the system. Some of the Key Worker responsibilities are listed below

- To introduce themselves to the patient and ensure that the patient and carer have their contact details.
- To provide patients with a comprehensive pack of information concerning their diagnosis, treatment and support services (psychological, spiritual, cultural, patient self-help groups, local charities)
- To undertake holistic needs assessment for all patients and to ensure that the results of this process are taken into account in MDT decision making
- To act as the main contact person for the patient and carer from diagnosis and throughout the pathway.
- To ensure that any change of key worker is done in full consultation with the patient and carer and that the patient is provided with revised contact details.
- To ensure that the next key worker has the appropriate information about the patient to fulfil the role.

The Hull University Teaching Hospitals NHS Trust Haematology CNS Operational Framework which describes in more detail the functions and roles of the Key Worker/CNS team, follows at the end of the MDT Operational Policy.

(Recommendation 1.3.12-1.3.15).

Responsibilities of the haemato-oncology MDT

The meeting is held weekly on Tuesday 12 - 2pm in seminar room 1, Queen's Centre for Oncology and Haematology. Videoconferencing takes place with the haematopathologist in Leeds and with haemato-oncologists in Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby. The lead clinician or a deputy chairs it.

The quorum for the haemato-oncology cancer MDT is defined as follows:

- Two haemato-oncologists, for teams dealing with acute leukaemias and other myeloid disorders.
- Two haemato-oncologists dealing with chemotherapy (medical oncology or haemato-oncology) for teams dealing with lymphoid and plasma cell malignancies.
- One haemato-pathologist.
- One clinical nurse specialist.
- One imaging specialist, for teams dealing with lymphoid and plasma cell malignancies.
- MDT coordinator.

All core members will attend at least two thirds of scheduled meetings. Members experiencing difficulties in attending meetings should discuss this issue with the management team through the job planning process. The attendance should constitute a quorum for 95% or more of the meetings. The MDT coordinator keeps attendance records of core members and their cover.

The MDT will review the following groups of patients:

- All patients with a newly diagnosed haematological malignancy in the MDT's catchment population. This will include all patients with Lymphoma, Leukaemia, Myeloma, Myelodysplasia and Myeloproliferative disorders.
- Existing cases for further review as specified in the initial MDT treatment plan, for example for interim response assessment or for end of treatment review.
- Cases where there is a need to discuss a change of treatment.
- Cases where there is a need to discuss possible discontinuation of active anti-cancer treatments

Cases for discussion in the MDT can be identified in a number of ways.

- New patients referred to the haematology clinic or reviewed on the ward who subsequently have a confirmed diagnosis of a haematological malignancy are listed for MDT discussion by the clinicians responsible for their care.
- All new cases with a histological proven diagnosis of a haematological malignancy are electronically notified to the haematology secretaries from the Haematological Malignancy Diagnostic Service (HMDS) software (HILIS) via NHS.net email. The secretaries alert medical staff and if a different team a request for formal referral investigated the patient is made if appropriate.
- All cases with radiological findings suggestive of a haematological malignancy are notified by the radiology department to the haematology MDT coordinator and the clinical team to become involved with the further assessment of these patients. A request for formal referral is made if appropriate.

The MDT will provide clear and understandable information to all patients and carers. In addition to verbal communication and written information, audio and visual material should be available if required and for patients who do not speak English trained interpreters should be made available.
The MDT will provide patients and carers with written material which includes:

- Information specific to the MDT about local provision of the services offering treatment for their cancer.
- Information about patient involvement groups and local patient self-help/support groups.
- Information about psychological, social and spiritual/cultural support available and complementary therapies
- Information about their disease and its treatment options. This includes national and local publications.
- In addition, patients should be provided with a leaflet which details names functions and roles of the Multi-Disciplinary treating team.
- Information about services available to support patients with the effects of living with cancer and dealing with the emotional effects.

It is agreed that the patient's Key Worker is responsible for co-ordinating the patient with the above information.

All haematology patients within Hull University Teaching Hospitals NHS Trust with haematological malignancy are offered written details or each consultation.
All patients are given the opportunity of a permanent record or summary of at least a consultation between the patient and the doctor when the following are discussed:

- Diagnosis.
- Treatment options and plan.
- Relevant follow up or discharge arrangements.

This is done in the following ways:-

1. For HUTH hospitals patients the doctor will write to the patient and a copy of the letter will be sent to the patient's GP with the above information.
2. For NLAG hospitals a pre-prepared proforma with the above information is hand filled by the doctor at the time of consultation and a copies are handed to the patient and sent to their GP.

(Recommendation 1.3.16-1.3.18).

Lead Clinician
Dr David Allsup is the named lead clinician with the following agreed list of responsibilities:

- Ensure that the MDT meetings occur weekly, are well organised and documented to the standard expected by the Manual for Cancer Services.
- Ensure development meetings are arranged for the team at least once a year.
- Ensure the team works towards meeting the quality measures outlined in the Manual for Cancer Services.
- Lead the MDT through peer review, as required, by ensuring the development and delivery of action plans to meet the relevant IOG measures, the collation of

Operational Policy, Annual Report and Action Plan documents and that adequate preparation for the review meetings takes place.

- Be responsible for identifying and promoting the development/adoption of guidelines and protocols relating to their cancer site.
- Ensure that the MDT has patient pathways in place that facilitate meeting the cancer waiting times standards and that the MDT supports the patient tracking processes necessary to assure compliance with these targets.
- Stimulate appropriate high quality clinical audit and research, working closely with the research team.
- Closely supervise the work of the MDT administrative support team, ensuring these staff are given clear direction in their role and are supported in managing and developing the administrative processes of the team.
- Represent the MDT at the network site-specific meetings
- Attend appropriate meetings of Cancer Centre, including the MDT Leaders forum.

(Recommendation 1.3.19-1.3.21).

Maximising the effectiveness of MDT meetings

The MDT agrees and records each individual patient's treatment plan. The Chair is responsible for making sure that the meeting runs efficiently, and that the appropriate conclusions of each case are summarised and recorded on Somerset Cancer Register.

IT support

The following IT systems are in use to support the haematology MDT

- Somerset Cancer Register (SCR). Meetings are organised, run and recorded using Somerset Cancer Register which is based on the National Minimum Dataset including the Cancer Waiting Times dataset (CWT) & Cancer and Outcomes Services dataset (COSD). The database also collects clinical cancer data for each cancer site along the patient pathway. The Chair and other MDT members presenting each case ensure that required cancer data (e.g. stage or prognostic scoring) is noted by the MDT Coordinator during each discussion. The SCR has a function to record when Holistic Needs Assessment has taken place.
  Lorenzo is the patient database in use in HUTH which allows viewing of patients' clinic letters, annotations, laboratory results, radiology reports and patients' appointments to facilitate the MDT discussion process.

- HILIS. Haemato-pathology is served by HILIS; the software used by HMDS for laboratory management and reporting of all haematological malignancies in the region. All MDT members have access to HILIS for the purpose of viewing results. In addition, all reports from HILIS are uploaded to LORENZO to ensure that records are complete and accessible in one place.

- PACS. Radiology utilises the PACS system, which is available at all meetings to view images and reports and is linked across referring trusts for rapid image transfer.

Preparation of cases for discussion

- Prior to each meeting, a final discussion list is prepared by the MDT co-ordinator and emailed to all MDT members. The list contains patients' demographics, diagnoses, need for radiological imaging and input is required, need for clinical oncology input and reasons for referral to the MDT.
- The MDT coordinator ensures that pathology and radiology results are available.
- There is a cut-off for requesting routine radiology review of 48 hours prior to each meeting to ensure time for the radiologists to properly assess the images for the meetings.
- Urgent / late radiology may be reviewed shortly before or at the meetings on occasion with the agreement of the radiologists.

Presentation, discussion and the MDT review process

- Patients from HUTH are presented by the referring clinician or person designated by the referring clinician on the request for MDT discussion proforma.
- Patients from Scunthorpe General Hospital and Diana Princess of Wales's hospital are presented by the referring clinicians by video link from Scunthorpe or Grimsby.
- Pathology is discussed with the haemato-pathologist who takes part in the meeting by video link.
- The MDT radiologists review all the imaging in advance and identify and present key images to the MDT at the time of discussion.
- The MDT coordinator records the results / discussion in real time on SCR, which is projected on a dual screen alongside the radiology screen. The agreed MDT outcome is reviewed and finalised on SCR in real time before moving to the next case The clinic / follow up plan is checked, agreed and signed off in real time with any other actions (e.g. communication with other teams, the patient, or the GP, further intervention/imaging requests assigned a specific person to action it).

Identification of patients requiring re-referral

- Existing cases will be scheduled for re-review (as / if required) by the MDT coordinator according to the initial MDT treatment plan.
- The relevant team member refers cases requiring discussion of discontinuation of cancer therapy back to the MDT for this decision. The MDT may therefore decide this in advance or retrospectively agree and ratify a clinical decision after referral back. The referral back should be timely.
- If subsequent information or further discussion (e.g. with patient or carers) lead to changes in the management plan from the original MDT expectation this should be retrospectively ratified at an MDT meeting as soon as possible by the clinician who has seen the patient and the reasons discussed and explained.

Sources of referral

Cases can be referred to the MDT from any valid clinical source e.g. medical staff, nursing staff or palliative care colleagues. In addition, referrals are received from other tumour site MDTs if the diagnosis is suspected to be a haematological malignancy. For discussion at the MDT these external referred cases should be referred to a member of the MDT for review and discussion.

Procedure for referral

Referrals will be routed through the MDT coordinator, using the email proforma. Requests for MDT review should be with the MDT coordinator up to 48 hours before the MDT.

Referrals where a treatment decision is required before the MDT meeting

It is recognised that, on rare occasions, treatment decisions may have to be made prior to MDT meetings. On such occasions the following procedure should be followed:

1. A consultant core member of the MDT with specialty knowledge of the disease receives and accepts a patient's referral.
2. That consultant should discuss the proposed treatment plan with at least one other core MDT member.
3. The consultant should discuss the diagnosis with a haemato-pathologist from HMDS.
4. If necessary tHUTH should discuss the case with one of the MDT radiologists. These discussions may be in person by phone or email.
5. Once a management plan is agreed the consultant leading on management actions it and documents the plan and all relevant discussions.
6. Retrospective MDT discussion should be arranged for next scheduled meeting.

Holistic needs assessment

The clinical nurse specialists are responsible for providing input regarding each patient's holistic needs assessment at the MDT. This information helps the Multi-Disciplinary team to target support and care and work more efficiently by making appropriate and informed decisions.

(Recommendation 1.3.22-1.3.27).