Cancer Multidisciplinary Team
Standard Operating Procedure

The operating procedure set out below must comply with the Data Quality Standards set out within Trust Data Quality Policy

1. Overview

This purpose of this SOP is to describe how cancer multidisciplinary teams (MDTs) operate within UHDB

2. SOP Governance

Department: Cancer Centre	**No of pages**: 15	**Version & Date**: V1 - 091023
Author: Andrew Phillips	**Authorised by**: CQPG	**Review date**: January 2025
Frequency and Time frame: Annual		

3. Key indicators, output or purpose from this procedure

Eg, National indicator description(s), Ref within IPR, to inform annual survey of XYZ etc

4. Data Source(s)

Describe and provide hyperlinks where appropriate to shared drive or internet/ intranet sites

5. Process

	1.	Set out instructions of **what** to do, similar to current process. Where detailed guidance of *how to do it* is appropriate, use hyperlink to supporting instructions in section 10	☑
ⓘ	2.	Where there are checks, decision points or potential sign-off/ stage boundaries, indicate so that these are distinct from other steps within the process	☑
	3.	*etc*	☑

6. Validation Checks

These might be included within the process in (5) above, but validation of data is absolutely critical, so suggest that there should be a description of validation checks required that recaps checks within the process above, and might also add further checks to be completed on the final data set

7. Sign off (separation, supervision, authorisation)

Stage/ purpose	Name and role	Date (how/ where evidenced)
Peer review:	XXX	XXX
Supervisor/ Lead review:	XXX	XXX
Information Asset Owner/ Trust Lead:	XXX	XXX

8. Information Governance

Record details of any IG considerations and approvals – for example, are data flows identified and documented, are information sharing agreements in place where applicable, is there a need for DPO advice, is the purpose and legal basis for processing and sharing clear?

9. Export/ use of data

Detail where/ how the information is to be used/ shared/ uploaded or exported. Include any specific considerations such as the format and whether there is a need for password protection

10. Detailed Instructions

1. Purpose

This purpose of this SOP is to describe how cancer multidisciplinary teams (MDTs) operate within UHDB. It covers:

- the roles and responsibilities for members of the core MDT.
- procedures that contribute to offering comprehensive care for cancer patients at the trust and which enable efficient, safe and seamless transition of responsibility.
- the appointment process and appraisal expectations for those in medical leadership roles within the MDT's and the Cancer Centre (CC) itself.
- Minimum standards for MDT data recording.

2.Scope

This SOP applies to all members of the cancer MDT and covers the entire process from MDT meetings to appointment procedures, referral processes, documentation and conflict resolution.

3. Definitions

- **Cancer MDT:** A team of healthcare professionals from different fields who work together to plan treatment for cancer patients.
- **MDT Lead Clinician:** The person responsible for the organisation and governance of the MDT and represents the MDT to the wider hospital organisation.
- **MDT Chair:** A clinician responsible for the smooth running of the MDT meeting. The Chair does not need to be fixed and may change for different MDT sessions.
- **MDT Coordinator**: Individual responsible for the administrative preparation and recording of the MDT.
- **Appointment Committee**: A group responsible for selecting the MDT Lead Clinician.
- **MDT Outputs**: The decisions, recommendations, and treatment plans created by the MDT for each patient.
- **Annual report**: A report on the year activity, challenges, successes, trial involvement and patient outcomes produced by the MDT Lead Clinician and circulated across the MDT members, Division Management structure and the CC.
- **Work Plan**: An agreed plan of activity to be achieved in the following 12 months between the Lead Cancer Clinician and the MDT Lead Clinician.

4. Roles and Responsibilities

- **MDT Lead Clinician:**
  - Responsible for the organisation and governance of the MDT.
  - Represent the MDT to the wider hospital organisation.
  - Ensure that the MDT is appropriately funded and raise concerns to the organisation of any issues that may affect the functioning of the MDT function.
  - Involved in updating the operational policy.
  - Communicate relevant information to the MDT.
  - Attend Cancer Quality Performance Group meetings

- Engage with yearly appraisal with the lead cancer clinician.
- Generate a work plan to be agreed with the lead clinician for cancer.
- Generate a yearly annual report in conjunction with the CC for MDT activity.
- Arrange for Operational meetings to be arranged on a 4 monthly basis with the minutes forwarded to the CC.
- Datix and escalate to the Lead cancer clinician & CC management team where the MDT physical resources are insufficient to enable a robust clinical discussion.

- **MDT Chair:**
  - Responsible for the smooth running of the MDT meeting.
  - The Chair does not need to be fixed and may/should change for different MDT sessions.
  - Sets the tempo of the MDT, discussing cases from an agenda agreed with the Coordinator.
  - Ensures meeting is quorate (and taking action if it is not) and ensures there is a register of attendance.
  - Ensure that all cases are discussed in a focused, respectful and relevant way and that the treatment suggested is evidence-based and patient-centred.
  - Ensures that outcomes are complete, any relevant trials have been considered, treatment recommendations are correctly documented and that all essential demographic and/ or clinical data is recorded before moving on to the next patient.
  - Be aware of the limitations of the MDT members and be prepared to introduce any new or transient members if other expertise is required.
  - Build a consensual clinical decision in a timely fashion and should have an approach if any conflict occurs.

- **MDT Coordinator:**
  - Responsible for the administrative preparation of the MDT.
  - Ensure that radiological, pathological, and clinical resources are available.
  - Compiling the agenda (patient discussion list).
  - Present the final agenda for consideration to the Chair.
  - Circulating the agenda in advance to relevant individuals and having agendas available for MDT attendees in the meeting room.
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  - Ensuring case notes / electronic patient records are available for all patients to be discussed including those that may be referred to the MDT for “second opinions” from other Trusts.
  - Co-ordinating download or transfer of required radiology images.
  - Collection of histology slides and reports.
  - Pre-populating proformas (patient record of discussion) with known results.
  - The set up of video-conference links and required IT connections.
  - Operation of visual display equipment and video conferencing links.
  - Record attendance at the MDT meeting.
  - Record the Chair of that MDT meeting.
  - Ensure that MDT decision-making and key demographic data are recorded, and work positioned so that they can see and hear all contributions from all members during the meeting.
  - Prompt the MDT for mandatory data items e.g. TNM staging and performance status.
  - Record MDT decisions in an accurate and real time manner.
  - Ensure that the MDT agenda, listed in a logical order, is distributed prior to an agreed cut-off date to allow members to prepare for the meeting and to allow tracking of patients through the treatment process.
  - Circulate the agreed outcomes back to the relevant clinical teams within an agreed time frame.
  - Ensure that a record of the MDT meeting discussion and management plan is placed in the case notes or electronic patient record of each patient discussed.
  - Co-ordinating processes that inform GPs of a patient’s cancer diagnosis.

- **MDT Members:**
  - Attend MDT meetings and contribute their expertise to discussions.
  - Share accurate patient information to aid decision-making.
  - Collaborate with others to create comprehensive treatment plans.
  - Listen to and respect input from all team members.
  - Keep patients informed about their treatment options.

- **Lead Cancer Clinician:**
  - In collaboration with the Head of Cancer Performance, Lead Cancer Nurse, and the wider team, support and advise on the implementation of the national cancer services standards and adherence to national cancer targets.
  - Ensure that integrated site-specific specialist MDTs are established and function effectively across a multi-campus organisation and that expected performance levels are achieved.
  - Ensure that issues around performance of cancer site MDTs are resolved or escalated in a timely manner.
  - Ensure there are mechanisms in place for the care of cancer patients to be formally reviewed by a specialist MDT either through direct assessment or through formal discussion with the team by the responsible clinician.
  - To appraise MDT Lead Clinicians annually and ensure effective MDT working demonstrated through annual work plans, annual reports and operational policy review.
  - Ensure there is adequate non-surgical oncology and specialist palliative medicine support for cancer care.
  - To attend Cancer Improvement Group and to work with the Executive Medical Director, Lead Cancer Nurse, CC Deputy General Manager and the wider team to co-ordinate the agendas for these monthly meetings: ensuring that both quality and performance for the Trust's cancer pathways are discussed regularly.
  - Work with the Lead Cancer Nurse, CC Deputy General Manager and the wider team to co-ordinate the preparation for peer review visits, including self-assessment against the national standards, including the production of the CC Annual Report and the regular review of the CC Service Specification.
  - Work with the Lead Cancer Nurse, CC Deputy General Manager and the wider team to ensure the implementation of the resulting action plans for continuous quality improvement.
  - To take part in the NHS Trust's clinical governance activities which are of relevance to the cancer services of the Centre:
    - Support the development of innovation and service change to achieve the Trust objectives, meeting the challenges of access targets, improve patient experience and outcomes and reduce systems waste.
    - Risk management of the safety & effectiveness of MDTs and patient pathways, to include ensuring appropriate mechanisms are in place to monitor and review pathway breaches.
  - Ensure arrangements are in place for audit and continuing medical education with reference to cancer services.
  - Ensure there are consistent mechanisms in place to assess all cancer patients for eligibility into clinical trials.
  - To represent UHDB CC on the East Midlands Cancer Alliance meetings and activities.
  - To represent UHDB CC on the Derbyshire Cancer ICS meetings and activities.
  - Meet regularly with colleagues from CCs/Units and primary care representatives within the local Cancer ICS(s) and Alliance(s) to enable working to uniform standards.
  - Meet regularly with at least some representation from the community e.g. patients and users and representatives.
  - Advise on and support the development of data collection on cancer services, in collaboration with the Cancer Registry and with cancer services in the local Cancer ICS(s) and Alliance(s).
  - Overseeing the implementation of service changes including developments agreed between the Board and associated ICBs.
  - Support the development of innovation and service change to achieve the Trust objectives, meeting the challenges of access targets, improve patient experience and outcomes and reduce systems waste.
  - Advising on and supporting the capacity & demand processes across the organisation for cancer pathways.
  - To provide regular progress reports to the Cancer Diagnostics and Clinical Support Divisional Director, Trust Operational Group, Quality Review Group and other forums as required.

- **Lead Cancer Nurse:**

- In collaboration with the Head of Cancer Performance, Lead Cancer clinician, and the wider team, support and advise on the implementation of the national cancer services standards and adherence to national cancer targets.
- Have a Trust-wide focus for delivering strategically the National and Local Cancer Plan. Leading on the development of high quality cancer patient experience across the Trust, linking with other healthcare organisations along the patient pathway, measured by the cancer patient survey and by frequent patient feedback.

- Be an expert practitioner in cancer nursing providing professional leadership and strategic direction to cancer Clinical Nurse specialists (CNS) with close and effective working relationships with Divisional Nurse Directors and Matrons to advise and inform the management of cancer.
- Provide strategic leadership for the personalised care agenda initiatives across the trust in partnership with a range of external healthcare agencies.
- Provide strategic oversight and management of Macmillan Information and Support staff to ensure the information centre offers a high-quality service for all patients and meets Macmillan Quality Standards and the needs of the local population.
- Work alongside the cancer and divisional teams, to ensure that the national measures of care are met. To lead on ensuring divisional teams are prepared and responsive to national peer review (QSIS) and is responsible for local implementation of national cancer policy related to nursing.
- Develop the strategic direction and provide strong, visible professional leadership within the organisation across cancer services. Work collaboratively with the Trust's Cancer Management Team, Divisional Teams, Integrated Care System partners and all stakeholders within East Midlands Cancer Alliance (EMCA), Primary Care and the voluntary sector, ensuring the maintenance of clinical excellence in cancer care; ensuring services are effectively co-ordinated, equitable, and of a high-quality standard.
- Support the Divisions and tumour site Multi-disciplinary Teams, in establishing organisational priorities and objectives, and providing expert advice on the commissioning of local cancer services.
- Acting as a change agent to promote a culture conducive to the implementation of evidence-based practice, through the establishment of local and national protocols, guidelines and procedures within a clinical governance framework.
- Ensure strategies are in place to deliver measurable and sustainable improvement in quality and safety, in line with local and national best practice standards and overall Trust approach to service improvement and modernisation.
- Lead on the development of education, training in cancer and work with the Head of Professional Development, Health Education England and Lead Cancer Nurses across EMCA to establish internal and external links with higher education institutions.
- Work with Divisions and business units to develop and build the professional workforce in line with service needs.
- Develop, implement, and evaluate innovative models of care delivery to meet the changing needs of the people who use acute services.

- **Head of Cancer Performance:**

- In collaboration with the Cancer Lead Clinician and Lead Cancer Nurse, and the wider team, support and advise on the implementation of the national cancer services standards and adherence to national cancer targets.
- Provide a trust wide focus for cancer services, working closely with clinicians and senior managers and executives across the Trust and Derbyshire and Staffordshire System ICBs to ensure continuing improvements in cancer services in line with national strategy and NHS Operating Framework requirements including Cancer Waiting Times Targets, National Cancer Audits, National Cancer Peer Review, Cancer Outcomes and Services Dataset and all related published standards and guidance.

- Work with the Cancer Centre Lead Clinician and Lead Cancer Nurse to provide cancer expertise and support to divisions, business units and site-specific MDT's to deliver the Trust's Cancer Strategy.

- Maintain effective working relationships with key stakeholders within the local area and at national level e.g., West and East Midlands Cancer Alliance to further the development of local efficient, practicable and cost-effective patient pathways for Cancer diagnosis, treatment, follow up and rehabilitation.
- Be responsible for delivery of cancer waiting times and performance targets. Develop Trust wide cancer waiting time's action plan and monitor progress against this, ensuring developments are sustainable in the long term and reflect delivery of high quality patient care. Ensure that cancer waiting times data is submitted accurately and within agreed deadlines.
- Provide feedback internally and externally on performance against cancer waiting times targets.
- Develop and champion a Trust wide focus for cancer with each tumour site and across Divisions. Work with the Associate Medical Director for Cancer Services and Lead Cancer Nurse to appraise UHDB Lead Clinicians and identify key issues to be progressed. Ensure consistent application of cancer clinical protocols and guidelines with the aim of achieving the highest levels of performance and outcomes for the benefit of patients.

- **MDT Etiquette:**
  - The atmosphere of the meeting and the behaviour of the MDT is important for a successful meeting.
  - This can in part be determined by well organised MDT processes and participants having clearly defined roles that allow the MDT meeting to run smoothly within the allotted time. However, it is also important that there is equality and inclusiveness of participation within the MDT meeting, ensuring that all professional groups feel able and do contribute to the case discussions.
  - This is particularly important in the light of evidence showing that certain disciplines e.g. CNS, may be at times underrepresented in case discussions, yet are important for the collective ability to reach a treatment recommendation; the MDT meeting Chair has an important role in achieving this.
  - Where there are differing opinions, it should be possible to voice those constructively and there should be agreed processes for reaching consensus decision making.
  - A code of conduct, that MDT members sign up to, can be helpful in achieving appropriate MDT etiquette. This can also include more practical arrangements such as agreed policies to avoid disruption of MDTMs e.g., mobile phones being turned off or put in silent mode, muting microphones during videoconferences to avoiding unnecessary background noise, etc

4. Logistics and Resources

4.1 MDT Meeting Rooms:

- The setting for the MDT meeting should be an appropriate physical environment to host the anticipated number of attendees.
- There should be seats for all present with good lines of sight of any projected images.
- Any team member expected to contribute to the discussions should be easily able to do so.
- The positioning of microphones at key points in the room e.g., for the chair, presenting radiologist and pathologist, etc, can facilitate ease of communication within the meeting room.
- Where videoconference facilities are required, it is important that the room set up at both the hosting site and any satellite site(s) 'dialling in' facilitates easy communication between them.
- The MDT meeting room should have appropriate technology for presenting information (and video conferencing where required) for viewing by all attendees to allow the efficient running of the meeting. This is likely to include: radiology images; microscopic pathology images; the locally agreed minimum data set for each patient; the agreed MDT meeting outcome record for each patient; and viewing radiology images via videoconference for illustration purposes is accepted practice but should not be used for diagnosis.

- Picture archiving and communication system (PACS) facilities should be available to enable retrieval of relevant prior examinations.

5. Tumour site Operational guidelines:

- The operational guidelines are the central governance document of the MDT's. Whilst all MDTs will have variations on a central theme all operational guidelines need to include: core details including membership, referral approaches, clinical activity for MDT members and report core data sets; individual tumour specific pathways including referral and treatment pathways that are up to date with current national guidance; and follow up policies.
- All operational guidelines need to be agreed within the MDT to ensure that identical patients are given options that allow identical management. Where areas of conflict in the operational guidelines occur, the final version should be agreed with the lead clinician for cancer and external bodies if required. National guidelines and regional guidelines are not a replacement for a local operational guideline although they can make and be linked into the operational framework.

6. Service specification. This SOP is subordinate to the Cancer Centre Service Specification.

7. MDT Meetings

7.1 Function:

- The MDT meeting is the forum for a clinician to seek multi-disciplinary/professional advice and input about patient management including investigation, treatment, follow up, ethical and social matters, comorbidities and practical problems.
- The meeting must not be used as an 'x-ray meeting' or 'pathology meeting'; images and histopathology are not 'to be reviewed' at MDT meetings. Separate or sequential meetings must be set aside for such activity.
- Accountability for any intervention remains with the clinician responsible for that intervention.
- MDT meeting decisions are guidance for the responsible treating clinician.
- Pre-MDT decision making (see 5.7) should be considered where available allowing two patient lists; the first would contain the names of patients who do not require discussion because all 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 discussion multi-disciplinary/professional discussion.
- The length of MDT meetings should have clear limits.

7.2 Frequency. MDT meetings are held at regular intervals. Whilst the duration of and timing of MDTs is subject to change, the standing plan can be found on the Net-I CC page.

7.3 Agenda. Agendas are to be shared before MDT meetings with sufficient time for reflection and preparation by MDT core members. Additions beyond the agreed cut-off should only be included with the agreement of the MDT Chair and any diagnostic speciality involved who have had the time to interpret the required information. The agenda must include as a minimum:

- Chair of the meeting
- Date of the meeting
- Start time of the meeting
- Location of the meeting
- Patient name
- Patient number
- Patient DOB
- Reason for discussion

- Clinician delivering care.

Following the MDT meeting, the agenda needs to be disposed of as per information governance policies.

7.4 Case Presentation. For each patient case, the clinician coordinating care or the CNS acting as key worker should present the case in absence cases can be presented by other MDT members.

7.5 Decision-Making. Decisions are made collectively, based upon the present operational policy and national guidance, considering evidence, patient preferences, and expertise. The chair of the meeting should strive to canvas the breadth of opinion and should include not just clinicians but the extended MDT group in discussions. In cases of conflict, divergent opinions should be noted in the MDT outputs, it should be the case optimal management becomes a vote between MDT members. The MDT outcome should represent ideal care and may include referral to other hospitals. When counselling the patient for treatment as per the GMC guidance the following options must be given:

- No treatment/intervention
- MDT recommended treatment.
- Viable acceptable alternative treatments.

7.6 Pre-MDT decision making. Where accepted standards of care (SoC) exist, appropriate patients can have their MDT outcome at a pr- MDT meeting assuming the following criteria can be met:

- They have been seen, or the clinical circumstances otherwise assessed, by a core MDT member consultant or CNS.
- The minimum core data requirements have been met.
- The pathology has been reported by designated persons for that tumour type.
- Images have been reported by designated persons for that tumour type.
- Where imaging is outsourced, the reporting must be carried out by individuals agreed as suitable by the MDT.
- All other tests relevant to the decision-making have been completed.
- Patient preference stated (if known) and any special circumstances have been taken into consideration.
- Patients should be referred to the MDT for discussion where preference contradicts a SoC pathway.
- The SoC has been reviewed by an appropriate person or triage group, there is clarity that it is appropriate, and all the above have been fulfilled.
- Patients who are not discussed but who are recorded at the MDT meeting will have their data, treatment and outcome regularly audited for compliance to mandatory dataset collection requirements (local and national).

For further details please see 'Streamlining Multi-Disciplinary Team Meetings Guidance for Cancer Alliances' from NHS England.

7.7. MDT Outputs. MDT outputs are recorded on Infoflex, and the minimum datasets should comply with COSD data, any national audits and local required data sets. From these datasets the Trust's COSD submission will be generated. These data submissions will be uploaded monthly in line with national submission deadlines but can also be uploaded at any time where data improvements have been made. Recording of all new primary cancers, recurrences and progressions are to be made on Infoflex. TNM stage or tumour specific staging (e.g., FIGO) should be recorded, as well as performance status and CNS indicator. Data items should be captured during MDT where possible, or a process set up outside of the MDT meeting between the MDT lead and CC to ensure all data items are documented prior to submissions. The COSD monthly feedback reports will be shared with the MDT leads to highlight data completeness and areas for improvement.

7.8 MDT Signoff. If a named Chair of the meeting is recorded on the MDT outcome, no physical signature of the outcome is required, and it is expected that the outcome has been contemporaneously reviewed by the MDT Chair and that they are happy that the outcome as described is appropriate and accurate. For MDTs that would like an additional level of assurance, or where there has been short term change in Chairs, a physical signature on the MDT outcome can be achieved either via a paper signature on the checked outcome form or an electronic signature.

7.9 Referral Process & Patient Ownership. Whilst there are different philosophies and beliefs about MDT ownership, MDT actions and where the responsibilities for action rest in for cancer care to be delivered there must be a safe, efficient, seamless and professional approach to continuity of patient care. Whilst the CC respects individual MDTS to refer patients between themselves in whichever way they wish where conflicts occur the trust policy is highlighted below and is considered the final arbiter. Referral to MDT should be through the central MDT referral HUB for all tumour sites. All required information groups need to be completed this minimally include:

- Is the patient aware of the MDT referral?
- Is the patient happy to be contacted?
- Is the patient aware of a potential cancer diagnosis?
- Questions for the MDT to address.

Patients can be referred for advice or for consideration of taking over care. If patients are being considered for taking over of care the consultant chairing the meeting is nominally considered the designated clinician to take over care although patients can be (and should be) allocated subsequently to any appropriate core MDT member to enable any subsequent steps to be actioned quickly. When further investigations may be required this fall into the following categories:

- The referral is a **common request with a well-defined pathway** with instructions on the MDT referral form – no MDT discussion is required – referring clinician to action the referral form recommendation. For standard management scenarios please see appendix 1.
- The referral is **potential new diagnosis** for the receiving MDT – referring clinician should arrange investigations to the level of triage within hospital – i.e., TVUSS and CA125 for an ovarian cyst, colonoscopy for bowel lesions – the results of these investigations will be followed up by receiving MDT. – See appendix 2 for the agreed minimum investigations.
- The referral is in **incidental finding for patient with a proven cancer** – advice given for follow up should be followed by the treating team.
- Referrals outside of these areas should be evaluated and responded to by the MDT on a case-by-case basis.

However:

- It is inappropriate for clinicians to be requesting specialist tests for receiving MDTs beyond the level of triage.
- It is inappropriate for clinicians to ask to refer onto quaternary services without patients being seen by a core MDT member to discuss diagnosis and treatment.

8. Tumour site Operational meetings. All MDT Lead clinicians need to ensure that there at least 3 operational meetings per year within the core MDT group. The purpose of these meetings is to ensure that internal governance, morbidity and performance is optimal and to ensure that patients treated at UHDB are receiving high quality reflective care. Minutes from the meeting are administered by the MDT coordinator and following sign off by the Chair are sent to the Lead Clinician for cancer, Head of Cancer Performance and Lead Cancer Nurse. These meetings are able to draw in reports from other areas within the trust and the exact formulation and topics for inclusion lies with the MDT Lead clinician, however as a minimum they must discuss:

- Is the operational guideline up to date – any new guidelines etc.
- Cancer performance targets.
- Treatment related morbidity and mortality.
- Breaches that have led to patient harm.
- Short and long terms risks to the MDT.
- Research opportunities.
- Aspirational objectives.

9. Appointment to Leadership Roles. Both the lead clinician for cancer, and the MDT leads are managerial roles within UHDB as such internal within the teams in inappropriate. Where the tenure of the various roles has been passed or in the case of resignation. Applications for the role of MDT leads will be co-ordinated by the CC.

9.1 MDT Lead Clinician. The tenure for MDT lead clinician is 3 years. Interviews will include both representation from the CC and the lead clinician for cancer.

9.2 Lead Clinician for Cancer. The tenure for MDT lead clinician is 3 years. Interviews will include both representation from the CC as well as the divisional directors associated with the CC.

9.3 Nominations and Applications. The job specification will be circulated across the relevant MDTs or the Trust (in the case of the Lead clinician for cancer) with suitable applicants welcome to apply.

9.4 Assessment and Selection. Applications will be assessed based upon application from and interview.

9.5 Appointment Decision. Following interview, the successful candidate will be contacted by the Lead clinician for cancer (in the case of MDT leads) or the divisional director (for the Lead clinician for cancer role).

Appendix 1 – Standard Pathways

A: Breast

- Incidental radiological findings referred to the MDT will be assessed by a radiology and directed to either clinic or MDT

B: Gynaecology

Assessment for occult gynaecological disease as part of a work of another primary cancer (i.e anal, melanoma)

- MDT discussion not required – refer to Gynaecological Oncology for a 2ww review in clinic

C: Haematological

- Patients with cross sectional imaging suspicious for lymphoma still must have a follow up planned with the home team due to the high prevalence of Lymphadenopathy that is not lymphoma.

D: Head and Neck

E: Colorectal

E i: Burton

- Abnormal bowel thickening refer to MDT but decisions to be made prior to MDT discussion and contacted directly for colonoscopy if appropriate.
- Dysplastic polyps - Manage as per JAG/Gastroenterology guidelines or refer to Polyp MDT (Dr Dor)
- Abnormal tumour markers - Referrer to request CT CAP +/- Colonoscopy

Eii: Derby: None

F: Lung

Fi: Derby & Burton

Assessment of lung nodules

- Do not refer until a CT thorax scan has been done to assess the nodule (CT abdomen with basal nodule not enough)
- Radiologists will normally provide advice on whether to refer as a suspected lung cancer or to the virtual nodule clinic (VNC). If in doubt a general rule is <1cm to the VNC. This is accessed via Lorenzo, type “referral for pulmonary nodule” in Requests section at RDH only. At QHB do a referral letter to Dr Spencer.
- The VNC will risk assess nodules and carry out any necessary investigation or CT scan surveillance. The exception is in patients with active or recently treated cancer where advice may be given but follow-up should be carried out by the relevant cancer service.

Suspected Lung Metastasis

- Include information as to whether histological conformation is required.
- IF consideration is for SABR or Resection - refer directly to thoracic surgical team or SABR MDT.

G: Sarcoma

H: Skin

- Only refer proven Squamous Cell Cancers, Malignant melanomas and other rare cancer - for all other refer to Dermatology

I: Upper Gastroenterology

J: Urology

K: Hepto-pancreato-biliary

L: Thyroid

M: Cancer of Unknown Primary

- Do not refer to CUP MDT prior to any other outstanding MDT reviews being completed.

Appendix 2 – Agreed Minimum Levels of Investigations to be Arranged.

A: Breast

B: Gynaecology

- Disseminated intra-abdominal disease – CA125/CEA
- Ovarian cysts – Ca125 and Transvaginal USS
- Vaginal bleeding/Endometrial cancer – Transvaginal USS

C: Haematological

D: Head and Neck

E: Colorectal

Ei: Burton

- FBC, U&E, Haematinics
- CTCAP (Contrast enhanced)
- MRI Rectum if cancer within 12cm of anus.
- TUMOUR MARKERS NOT REQUIRED PRIOR TO CANCER DIAGNOSIS
- DO NOT BIOPSY LIVER METS IN LIKELY COLORECTAL CANCER.

Eii: Derby

F: Lung

- If consideration of SABR or Thoracic surgery for lung metastasis: PET-CT, Lung function tests & ECHO (unless age <50 and no cardiac symptoms)

G: Sarcoma

H: Skin

- Histological diagnosis of SCC/Melanoma/rare skin cancer needed

I: Upper Gastroenterology

- CT CAP
- OGD

J: Urology

K: Hepto-pancreato-biliary

L: Thyroid

M: Cancer of Unknown Primary

- Cross sectional imaging
- Investigations vary with respect to presentation - for referring clinicians to arrange what is required.

Appendix 3 - Suggest PA allowance by tumour sites.

>1 MDT meeting/Week = 1 PA
1 MDT meeting/Week = 0.5 PA
1 MDT meeting/Fortnight = 0.25 PA
1 MDT meeting/Month = 0.125 PA

Appendix 3 - Additional Site-specific MDT Responsibilities

A: Breast

B: Gynaecology

- Validate data for the National Ovarian Cancer Audit

C: Haematological

D: Head and Neck

E: Colorectal

F: Lung – None

G: Sarcoma

H: Skin

I: Upper Gastroenterology

J: Urology

K: Hepto-pancreato-billary

L: Thyroid

Appendix 4 – Lead Cancer Clinician Job Specification

Role Outline & Person Specification

JOB TITLE:	Lead Cancer Clinician
RESPONSIBLE TO:	Deputy Chief Operating Officer Planned Care
ACCOUNTABLE TO:	Chief Operating Officer & Executive Medical Director
CONTRACT DURATION:	3 years
CONTRACTED HOURS:	2 Pas (8 hours per week)

JOB SUMMARY

The post holder will be the Clinical Lead for Cancer within University Hospitals of Derby & Burton NHS Foundation Trust, ensuring development of appropriate services, maintenance of standards and achievement of national targets. They will work closely with the Lead Cancer Nurse, Cancer Centre Deputy General Manager and the wider team. They will ensure that the best possible pathway, patient experience and service are delivered to all patients referred with a possible cancer diagnosis to the Trust. They will work with colleagues across the ICS and Cancer Alliance footprints to ensure seamless high quality care for all cancer patients as well as providing support and assurance to in-house tumour-site cancer leads and their directorates.

DUTIES AND RESPONSIBILITIES

- In collaboration with the Lead Cancer Nurse, Cancer Centre Deputy General Manager and the wider team, support and advise on the implementation of the national cancer services standards and adherence to national cancer targets
- Ensure that integrated site specific specialist MDTs are established and function effectively across a multi-campus organisation and that expected performance levels are achieved
- Ensure that issues around performance of cancer site MDTs are resolved or escalated in a timely manner
- Ensure there are mechanisms in place for the care of cancer patients to be formally reviewed by a specialist MDT either through direct assessment or through formal discussion with the team by the responsible clinician
- To appraise MDT Lead Clinicians annually, and ensure effective MDT working demonstrated through annual work plans, annual reports and operational policy review
- Ensure there is adequate non-surgical oncology and specialist palliative medicine support for cancer care
- To attend Cancer Improvement Group and to work with the Executive Medical Director, Lead Cancer Nurse, Cancer Centre Deputy General Manager and the wider team to co-ordinate the agendas for these monthly meetings: ensuring that both quality and performance for the Trust's cancer pathways are discussed regularly.
- Work with the Lead Cancer Nurse, Cancer Centre Deputy General Manager and the wider team to co-ordinate the preparation for peer review visits, including self-assessment against the national standards, including the production of the Cancer Centre Annual Report and the regular review of the Cancer Centre Operational Policy.
- Work with the Lead Cancer Nurse, Cancer Centre Deputy General Manager and the wider team to ensure the implementation of the resulting action plans for continuous quality improvement
- To take part in the NHS Trust's clinical governance activities which are of relevance to the Cancer services of the Centre:
    - Support the development of innovation and service change to achieve the Trust objectives, meeting the challenges of access targets, improve patient experience and outcomes and reduce systems waste
    - Risk management of the safety & effectiveness of MDTs and patient pathways, to include ensuring appropriate mechanisms are in place to monitor and review pathway breaches.
- Ensure arrangements are in place for audit and continuing medical education with reference to cancer services
- Ensure there are consistent mechanisms in place to assess all cancer patients for eligibility into clinical trials
- To represent UHDB Cancer Centre on the East Midlands Cancer Alliance meetings and activities.
- To represent UHDB Cancer Centre on the Derbyshire Cancer ICS meetings and activities.
- Meet regularly with colleagues from Cancer Centres/Units and primary care representatives within the local Cancer ICS(s) and Alliance(s) to enable working to uniform standards
- Meet regularly with at least some representation from the community (eg patients and users and representatives)

- Advise on and support the development of data collection on cancer services, in collaboration with the Cancer Registry and with cancer services in the local Cancer ICS(s) and Alliance(s)
- Overseeing the implementation of service changes including developments agreed between the Board and associated CCGs
- Support the development of innovation and service change to achieve the Trust objectives, meeting the challenges of access targets, improve patient experience and outcomes and reduce systems waste, to include:
- Advising on and supporting the Capacity & Demand processes across the organisation for cancer pathways.
- To provide regular progress reports to the Cancer Diagnostics and Clinical Support Divisional Director, Trust Operational Group, Quality Review Group and other forums as required.

This job description is not inflexible but is an outline and account of the main duties. Any changes will be discussed fully with the post holder in advance. The job description will be reviewed periodically to take into account changes and developments in service requirements.

COMMUNICATIONS AND RELATIONSHIPS

For the purpose of this role of Lead Cancer Clinician the post holder will work closely with the Cancer Centre Manager & team, the Macmillan Lead Nurse for Cancer and the site specific MDT Leads.

They will have direct accountability to the Divisional Management Team to whom they will report regularly. There will be further accountability to the Chief Operating Officer as Executive with responsibility for Cancer Services and to the Executive Medical Director for professional matters.

Promote effective joint working with external stakeholders towards the achievement of the Trust's strategic objectives and with any other key partners.

Develop and maintain a strong sense of accountability to stakeholders throughout the Trust

Establish effective working relationships with key agencies and current and potential partners at national, regional and sub-regional and local levels

Promote and maintain harmonious and productive working relationships with the professional bodies and staff representatives

Name: ……

Date: ……

Signature:……

PERSON SPECIFICATION

Professional Knowledge and Experience	Essential	Desirable	Method of Assessment
Consultant post for at least 5 years and to have been involved in delivery of cancer care / treatments		Y	Application
Member of a site specific Cancer MDT and to have held the role of MDT Lead or ACD (or above) within a relevant clinical team	Y		Application
The ability to influence, lead and motivate clinical and non-clinical staff, in a complex service environment	Y		Application and Interview
The ability to lead in an environment of changing service delivery, culture and economic downturn	Y		Application and Interview
The ability to work flexibly within a team, being able to take a broad and corporate view and to accept accountability for decisions made as an individual or by the team	Y		Application and Interview
Knowledge of the external healthcare environment, local and national as related to Cancer Services	Y		Application and Interview
To be trained and up to date in enhanced appraisal techniques		Y	Application and Interview
Take part in relevant development and training for a medical leadership role.	Y		Application and Interview