





National Cancer Action Team
Part of the National Cancer Programme

Multi Disciplinary Team Coordinators Conference 2012 Holiday Inn, Regents Park, London Tuesday, 6th March 2012 Programme



9th Annual MDT Coordinators Conference 2012 Welcome from Stephen Parsons, Director, National Cancer Action Team. It is now just over a year since the publication of "Improving Outcomes: A strategy for Cancer." Whilst there are still many challenges in terms of achieving the quality of cancer services and outcomes that the strategy set out to deliver, progress has been made on a number of different fronts.

Most importantly, the strategy set out on ambition to save 5,000 additional lives per year by 2014/15. A great deal of work is now underway to achieve this and to define how progress can best be monitored both nationally and locally.

There have been a number of immediate achievements since the publication of the strategy:

- there have been further improvements in data and analyses that we have to support clinicians, commissioners and providers to improve services and patients to make informed choices about services. For example, detailed analysis of the 2010 cancer patient experience survey has enabled the NHS to take action locally on areas where they have performed less well; we are starting to have good data about the needs and quality of life of the 1.8 million cancer survivors in England, which will help the NHS plan and provide the right services.
- we are continuing to extend the age range for bowel and breast cancer screening and are moving forward with the work to introduce a flexible sigmoidoscopy bowel screening programme.
- we have successfully run a range of campaigns to improve the public's awareness of cancer symptoms and
 to encourage them to present promptly to the doctor. It will take time to bring about significant change in
 behaviour, but we believe that we have started the move that is necessary for us to deliver earlier diagnosis
 of cancer.
- surgical training programmes on laparoscopic cancer and low rectal cancer are helping to improve the quality of surgery for patients and to promote earlier recovery.
- the NHS has continued to improve care pathways in order to reduce inpatient bed days reducing costs and improving the quality of care for patients.

One particular piece of work which may be of particular interest to you has been the development of Trust level service profiles for breast and colorectal cancer MDTs as part of the proposal support for cancer commissioning. These profiles are now available through the Cancer Commissioning Toolkit.

The profiles contain benchmarked information relating to over 30 metrics or indicators from multiple data sources such as cancer waits, HES peer review, cancer registration and the national cancer patient experience survey, in one easy to understand format. Profiles for other cancer areas will also be developed in line with service specifications currently being prepared by commissioning groups.

Another area of interest referred to at last year's conference is the development of an assessment and feedback tool to support cancer MDTs to work effectively. The tool, known as MDT- FIT, has been piloted with 26 cancer MDTs, resulting in a range of quality improvements. Further development work is planned to enable the tool to be made available to the wider NHS by January 2013.

In terms of the priorities for the year ahead, we need to continue to support the NHS to:

- deliver improved cancer survival rates, with a particular focus on:
 - moving forward on piloting flexible sigmoidoscopy bowel screening
 - continuing with the age extensions to the breast and bowel screening programmes
 - supporting the NHS to achieve earlier diagnosis of symptomatic cancers through campaigns to raise awareness of symptoms
 - improving diagnostic capacity and productivity, especially for lower GI endoscopy (eg: colonoscopy)
 - improving access to appropriate treatment for example, through providing information about variations in intervention rates
- improve the quality of life of cancer survivors, in particular through promoting:
 - a better understanding of the numbers of survivors in different phases of the post primary treatment pathway
 - the needs of survivors in those different phases
 - optimal treatments to minimise long-term side effects
 - the care and support which enables survivors to live as healthy a lifestyle as possible, for as long as possible
- improve patient experience, primarily through:
 - providing information to commissioners and providers about patients' experience of care and bereaved families' and carers' views about end of life care, so that they can identify the areas where improvements are needed
 - giving support to tackle the issues identified, eg: around information provision and better communication.

I know that previous MDT Coordinators Conferences have been interesting and informative and I am confident that this 9th annual conference will be equally successful.

The Capture of Staging Information at MDT

In October 2010 Professor Sir Mike Richards advised the Parliamentary Accounts Committee that Cancer Registries across England would achieve the capture of complete* staging information for 70% of patients with an invasive cancer (excluding non melanoma skins). ECRIC (Eastern Cancer Registration and Information Centre), based in Cambridge, already achieve in excess of 70%. Other registries are working hard to achieve the same standard.

Although cancer registries receive data from many different sources, MDT data is vital for capturing any pre treatment and final integrated staging data which registries will not readily receive from any other source. The cancer registries are grateful to MDT co-ordinators and MDT systems suppliers for their ongoing support in improving the collection of staging data.

Capturing information on the patients' stage at diagnosis is vital to informing analysis on the patients' routes to diagnosis, survival and outcomes. It is also a valuable tool for commissioners, Cancer Networks and Trusts to carry out their own analysis.

If you have any questions regarding the capture of staging, or any other cancer data, please contact your local cancer registry (www.ukacr.org). To keep up to date with the latest national projects please visit the NCIN website (www.ncin.org.uk).

Carlos Rocha, Registry Manager, South West Cancer Intelligence Service

On behalf of the NCIN National Staging Panel for Cancer Registration

*Complete stage is currently defined as any stage that can be mapped to an overall TNM stage. Prognostic indicators such as Breslow Thickness and Gleason Grade are not included as they do not contain information about nodes and distant metastases.





Oncology Training for NHS and Public Health non-clinical staff

Professionally Accredited by the Institute of Healthcare Management

Launch date:2 April 2012

Key features include:

- flexibility to work at your own pace from work or home
- ability to stop and resume at any point from any computer
- reference guides
- colourful images throughout
- glossary of terms
- learning objectives
- quizzes
- certificate of achievement

What to do next

For more information, visit www.ncin.org.uk. You will be able to self register onto the learning space website ready for the launch on the 2nd April 2012

Who it is for and what you will learn

This new e-learning tool is aimed primarily at Multi-disciplinary Team

Co-ordinators and Cancer Registration staff who need to know:



about cancer-medical terminology, diagnostic tests and treatments

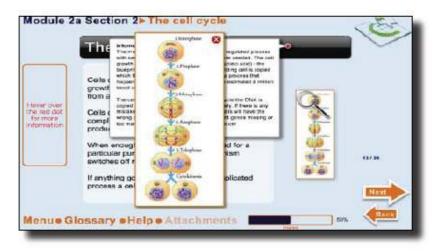


how cancer services are organised in the NHS



about cancer types-key risks, including causes, risk factors, signs and symptoms, anatomy and physiology

Other NHS staff can also use it to improve their understanding of cancer













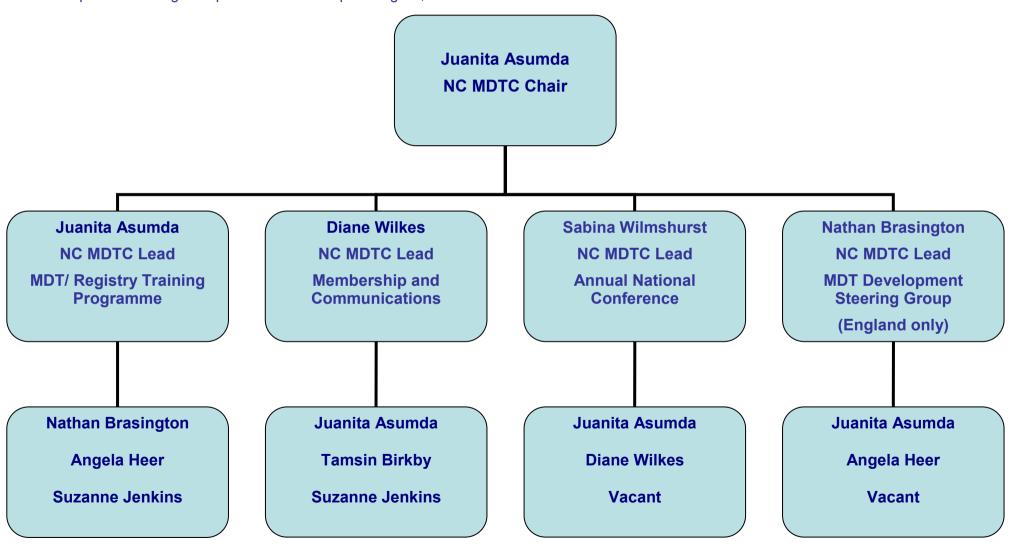


The National Cancer MDT Coordinators Forum Team

| Juanita Asumda – Chair | Tamein F | Rinkhy | Diano M | lilkos |
|---|--|------------------|---|---|
| | Tamsin Birkby | | Diane Wilkes | |
| NC MDTC Lead - MDT/Registry Training Programme | PPM Training & Quality Co-ordinator | | NC MDTC Lead - Membership and Communications | |
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| Region Covered: South East Coast; Surrey, West Sussex & Hampshire CNs | Region Covered: Yorkshire & Humber & Yorksh | | Region Covered: West Midlands; Greater Midlands, pan Birmingham, Arden, 3 Counties CNs | |
| Sabina Wilmshurst | "As the National Cancer MDT Coordinators Forum, we provide a national voice to inform, support and motivate fellow coordinators, to bring professional recognition to the role and contribute to improving the patient pathway." Making a Difference Together | | Nathan Brasington | |
| NC MDTC Lead - Annual National Conference | | | NC MDTC Lead - MDT Development Steering Group | |
| Lung MDM co-ordinator | | | (England only) | |
| Queen Elizabeth The Queen Mother Hospital | | | MDT Co-ordinator | |
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| Angela Heer | | | Suzanne Jenkins | |
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| Cheshire and Greater Manchester & Cheshire CNs | | | Region Covered: Wales; North Wales, South East Wales and South West Wales CNs | |
| Christopher Burns | Di Riley | | Lynn Faulds Wood – British Television Presenter | |
| National MDT Coordinator, Sarcoma | Associate Director, Clinical Outcomes Programme | | President, National Cancer MDT Coordinators Forum | |
| Glasgow Royal Infirmary | National Cancer Intelligence Network & | | President, European Patients' Coalition | |
| Christopher.Burns@nhs.net | National Cancer Action Team | | Lynn's Bowel Cancer Campaign – www.bowelcancertv | |
| Region Covered: Scotland | Driley@nhs.net | | | |
| Margaret Fleming | VACANCY | VACANCY | VACANCY | VACANCY |
| Cancer Services Administrative Coordinator | YOU | YOU | YOU | YOU |
| The Western Trust | | | | |
| Maragaret.Fleming@westerntrust.hscni.net | Region Covered: North East; North of England CNs England; Anglia, Essex | | Region Covered: East Midlands; East Midlands | Region Covered: South Central; Central South |
| Region Covered: Northern Ireland | | Mount Vernon CNs | and North Trent CNs | Coast, Thames Valley CNs |

The National Cancer MDT Coordinators Forum Team

Due to the current NHS climate and uncertainties about services, etc, this has raised a number of issues regarding the future of our group and the role we can play in supporting MDT Coordinators UK-wide as an integral part of the national agenda for cancer services and outcomes. Whilst NCIN are still committed to funding the work of this group I feel we must actively demonstrate the benefit and value we add to the national cancer programmes. We have decided as a group to restructure ourselves in a more effective way. We have identified 4 key success areas – annual conference, training programmes, MDT Development Steering Group & our membership/mailing list, which I think we would want to continue to be involved with.









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| Times | Session | Speaker | | |
|-------|---|---|--|--|
| 09:00 | Registration & Refreshment | | | |
| | NATION OF THE PROPERTY OF THE | | | |
| 10:00 | Welcome & Introduction | Sabina Wilmshurst, NC MDTC Forum member | | |
| 10:10 | Update on the Priorities for Cancer Services | Stephen Parsons, Director, | | |
| | | National Cancer Action Team | | |
| 10:40 | E-Learning Launch Understanding Cancer: | Rosalind Hussey, Information Officer, ASWCS | | |
| | Oncology Training for NHS non clinical staff | Tina Ball, Cancer Registry Manager, SWPHO | | |
| | Workshops | Ma Ciarra Barrahall Canavitant Conses | | |
| | 1 Effective MDT Working / Sharing good practice | Mr Simon Bramhall, Consultant Surgeon, | | |
| 11:00 | O. Torreson Otto Occasifies December | Queen Elizabeth Hospital Birmingham | | |
| | 2 Tumour Site Specific, Breast | Mr Mark Kissin, Consultant Surgeon, | | |
| | 0.7 | Royal Surrey County Hospital | | |
| | 3 Tumour Site Specific, Gynae | Mr Gareth Beynon, Consultant Surgeon, | | |
| | Mandada (Dafua da conta Acadella) | Frimley Park Hospital | | |
| | Workshops (Refreshments Available) | Ma Ciarra Barrahall Canavitant Conses | | |
| | 1 Effective MDT Working / Sharing good practice | Mr Simon Bramhall, Consultant Surgeon, | | |
| 40.00 | 2 Turney r Cita Cresifia Dreset | Queen Elizabeth Hospital Birmingham | | |
| 12:00 | 2 Tumour Site Specific, Breast | Mr Mark Kissin, Consultant Surgeon, | | |
| _ | 3 Tumour Site Specific, Gynae | Royal Surrey County Hospital Mr Gareth Beynon, Consultant Surgeon, | | |
| | 5 Turnour Site Specific, Gyriae | | | |
| | Frimley Park Hospital Lunch | | | |
| 13:00 | Lunch | | | |
| 13:45 | CUP 'Cancer of Unknown Primary' | Dr Richard Osborne, Consultant in Medical | | |
| | , | Oncology, Poole Hospital | | |
| 14:15 | EGFR & the Use of TKi's | Dr Gary Middleton, Consultant Medical | | |
| | | Oncologist, Royal Surrey County Hospital | | |
| 14:45 | Refreshment Break | | | |
| 15:00 | A Patients Perspective | Maggie Wilcox, Patient Representative NCIN | | |
| | 'No Decision About Me Without Me' | Breast SSCRG | | |
| 15.20 | Understanding Local Services through Profiles | Andy McMeeking, National Cancer Action Team | | |
| 45 45 | How does the need for information impact on my | Di Riley, Associate Director, Clinical Outcomes, | | |
| 15.45 | MDT | NCIN | | |
| 16.10 | Closing Summary | Juanita Asumda, NC MDTC Forum Chair | | |
| 16.30 | Finish | | | |