Breast NSSG Leads Meeting

Effective MDT Work Programme

&

Going Further On Cancer Waits

26 April 2010

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MDT Development Work Programme

What Will Be Covered?

- Brief reminder about survey
- Characteristics of an Effective MDT
- National & Local Action
- How you can help?

Survey: Background

- Survey ran for ~6wks (early 2009)
- 2054 MDT core & extended members responded plus ~200 other stakeholders
- Good mix of professional groups and representation from different tumour areas

Survey: Some Key Findings

- MDTs need support from their Trusts
- MDT members need protected time for preparation, travel & attendance at meetings
- Leadership is key to effective team working
- Dedicated MDT meeting rooms should be the gold standard with robust and reliable technology
- MDTs have a role in data collection
- Patient views should be presented by someone who has met the patient

Report plus background analysis available: www.ncin.org.uk/mdt

Survey: Breast Tumour Specific Issues

- Of the 51% (1339) of professionals covering 1 MDT 15% (204) were <u>just</u> members of breast MDTs. Of these:
  - 36.3% reported spending < 30 mins on prep for meeting, 24.4% btw 30-60mins;
  - 36.2% thought 60-90 mins was max time a meeting should last, with 24.9% thinking 90-120 min was the max length an MDT should be & 21.6% felt a meeting should be 'as long as required',;
  - 41.3% thought the optimum no. of breast cases to consider was between 16-25 cases with 31.3% thinking it was between 26-35.

Survey: Breast Tumour Specific Issues (..2)

- **In terms of views on other questions there was little difference btw tumour areas. A few areas where breast mbrs were slightly more or less likely than others to agree or disagree with certain statements:**
  - **Least likely to agree that case summaries should be circulated prior to the meeting (50% vs 60% all vs 69% gynae)**
  - **Least likely to report SPC attendance as essential at every meeting (20% vs 41% all vs 69% lung)**
  - **Most agreed that SPC is not needed if there are mechanisms to access this support when needed (94% vs 78% all vs 57% lung)**
  - **Least likely to report organisational support for MDTs is readily available (55% vs 62% all vs 75% gynae)**

Characteristics of an Effective MDT

- **Built on survey plus views of stakeholders who attended workshops and other meetings during 2009.**

- **Issued characteristics of an effective MDT based around 5 themes:**
  - **The team**
  - **Meeting infrastructure**
  - **Meeting organisation & logistics**
  - **Patient-centred clinical-decision making**
  - **Team governance**

MDT Development: National Action

- Liaising with peer review team about incorporating some characteristics into peer review
- Pilot self assessment & feedback tool for issues like team working & leadership
- Identify potential content for MDT development package
- Issue DVD to highlight impact of different working practices/behaviours on MDT working
- Develop toolkit to share local practice
- Costing work with DH

MDT Development: Local Action

- **MDTs & those involved with MDTs have been encouraged to:**
  - **Consider how they compare to these characteristics;**
  - **Start discussions within MDT and with Trusts about how they can come in line with the characteristics – use document as a lever locally.**

How NSSG leads can help?

- Ensure Trusts & MDTs are aware of the characteristics
- Encourage MDTs to consider themselves against characteristics locally
- Identify ‘volunteer’ MDTs for pilot work
- Share local practice for toolkit
- Cascade messages/ products from programme to local MDTs
- Other suggestions?

Any questions?

Going Further On Cancer Waits (GFOCW)

Very Quick Update!

CANCER WAITS STANDARDS

3 Original CWT standards

- **2ww – urgent GP referral for suspected cancer**
- **31d – first treatment**
- **62d – urgent GP referral to treatment (31d for some groups)**

5 GFOCW standards now in operation (from 1 Jan 09):

- **62 day – NHS cancer screening programmes**
- **62 day – consultant upgrades**
- **31 day – subsequent treatment (surgery)**
- **31 day – subsequent treatment (drug treatment)**
- **2ww – all pts with breast symptoms (went live 1 Jan 2010)**

1 GFOCW standards to follow:

- **31 day – radiotherapy (1 Jan 2011)**

Note: 2ww/62d start date has changed from GP decision to refer

NEW PAUSE MODEL

- **From 1 January 2009, only two types of pause allowed:**
  - **DNA initial outpatient appointment**
  - **decline 'reasonable' offer of admitted treatment**

- **Pauses are no longer allowed:**
  - **when a patient defers a 2ww appointment;**
  - **during the diagnostic phase of the 62-day period;**
  - **for waits for non-admitted treatment;**
  - **for any medical suspensions.**

- **Areas where pauses would previously have been allowed have been taken into account in revised operational standards.**

Q1 – Q3 PERFORMANCE & OPERATIONAL STANDARDS

Standard	Performance			Operational Standard
	Q1	Q2	Q3	
Original Standards				
2 week wait	**94.1%**	**94.4 %**	**95.6%**	**93%**
31 day (FDT)	**98.1%**	**98.0%**	**98.4%**	**96%**
62 day (classic)	**86.0%**	**85.7%**	**86.6%**	**85%**
GFOCW Standards				
31d sub (drugs)	**99.2%**	**99.5%**	**99.7%**	**98%**
31d sub(surgery)	**95.1%**	**95.7%**	**97.1%**	**94%**
62d(screening)	**94.5%**	**93.7%**	**94.4%**	**90%**
62d (upgrade)	**94.7%**	**93.8%**	**94.9%**	**-**

62 DAY (CLASSIC): PERFORMANCE

- Above tolerance at a national level BUT there are individual Trusts that are struggling.
- Breast cancer pathway is not an issue at a national level. Nat breast perf was 97.4% in Q1, 97.3% in Q2 & 97.3% in Q3 against 85% op standard.
- Trust Performance is not assessed nationally at tumour level.
- Op Std is for all tumours taken together – so Trusts are reliant on their breast services sustaining this high level of performance.

62D CLASSIC – POSITION FOR BREAST CANCER

- 4747 patients had FDT ending a 62d breast cancer pathway in Q3.

- 149 Trusts reported treating these 62d breast cancer patients in Q3. Of these:

  - 11 reported on less than 10 patients
  - 24 reported on 10-19 patients
  - 114 reported seeing 20+ patients

How you can help….?

- Are there issues that may impact on breast waits performance at national level we need to be aware of?

- Source of support or advice for Trusts or networks struggling with waits for breast ie. do you have successful pathways you can share?