

Greater Manchester Cancer Multidisciplinary Reform Implementation Project

This project was done as part of a collaborative working agreement between MSD and Greater Manchester Cancer Alliance.

March – September 2023



Objectives

To provide project management support for 6 months to assist the implementation of the Greater Manchester (GM) Cancer Multidisciplinary (MDT) standards within NCA (Northern Care Alliance), focusing on the usage of the patient impact statement and to implement these standards into the annual quality assurance process. The project also aims to develop an MDT toolkit to be utilised by MDTs to share best practices and advice on how best to achieve the GM MDT standards.

Background & Challenges

MDTs were introduced in the late 1990s to increase evidence-based practice and prevent implementation of treatments outside of accepted standards. MDTs are considered the gold standard for cancer patient management and mandated by the National Cancer Plan in 2000; with the pledge all patients with cancer have their care reviewed by an MDT.

However, the health services have changed significantly since their introduction and MDTs have come under increasing pressure due to:



Challenge 1

Increased case-load and a change in case-mix, including patients with greater co-morbidities



Challenge 2

Issues relating to information technology, data collection and infrastructure



Challenge 3

Some MDT meetings are poorly attended by individuals



Challenge 4

Necessary patient tumor information is not always available at MDT causing delays



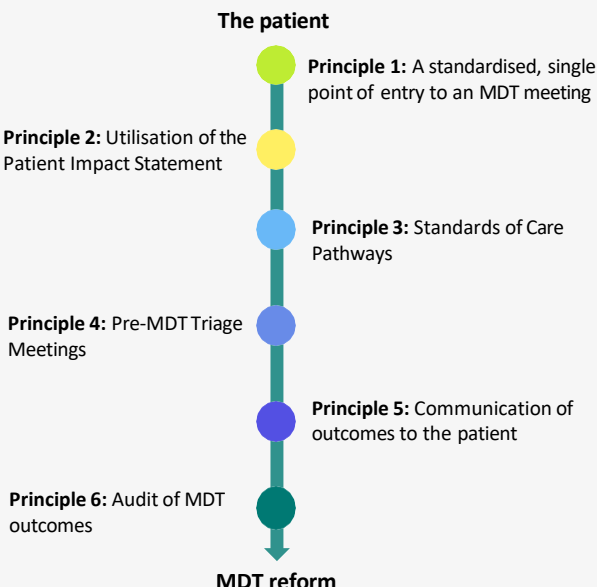
Challenge 5

Evidence suggests a wide variation in preparation, effective chairing and proactive involvement

Solution

By providing project management support, we have supported GM Cancer to create an MDT reform toolkit, and to implement MDT reform standards at Salford Royal colorectal lower GI MDT.

The project supported with implementation of the following standards:



Impact

The MDT reform tool-kit provided resources for clinicians across GM and wider NHS with:



- Standardised referral to improve the quality of information for effective decision making and care planning
- Using an agreed algorithm at pre-MDT triage meetings to remove patients or delay discussions thus improving efficiency and time spent on patient discussions
- Utilising clinical nurse specialist-led telephone services post MDT reduces face-to-face appointments, and provides faster results

GM Cancer Alliance have committed to a full-time project manager to continue MDT reform implementation.