NHP Clinical MDT
Standard Operational Policy

1. Purpose

The Multi-Disciplinary Team Meeting (MDT) is a monthly meeting that brings together clinical specialists that will consist of professionals from a core panel representing all the Haemoglobinopathy coordinating centres (HCC) across the country representing all professional groups involved in the care of patients with disorders described with the specialist haemoglobinopathies services – sickle cell disease, thalassaemia and rare anaemias. It is anticipated that the breath of specialists as much as possible will reflect the pattern of referrals and the clinical issues at hand. Only clinical professionals will participate in the multidisciplinary meeting (MDT), patient representative will not be invited at these meetings. In order to protect the client's confidentiality, the discussion will take place using a secure communication medium either encrypting zoom conference or using a secure 'blue jeans' medium. The medium for video conference will be reviewed from time to time to ensure adequate functionality and patients/ clients' confidentiality.

The MDT aims to:

- Ensure a seamless pathway of care, support and/or treatment for service users.
- Improve communication and liaison between different specialists (internally and externally) to ensure effective clinical decision-making which are service-user centered, evidence-based (in line with standards and NICE guidelines) and adhere to agreed standard operating protocols.
- Improve the journey and experience for service users considering a range of interventions and to facilitate successful integrated care planning with internal and external service providers, where appropriate.
- To provide clinical/practice supervision for all cases supported within the service.
- Contribute to the professional development of all MDT members by sharing skills, knowledge and expertise.

2. *Procedure*

The MDT meetings will be for one hour and the day of the week will be pre-determined by the full MDT on a 6-12 monthly bases in order to ensure that specialists are invited well in advance to avoid clashes with other clinical responsibilities. The MDT is chaired/led by the NHP chair (Professor Baba Inusa) or the Deputy NHP chair (Professor John Porter).

All referrals will be sent to the **NHP support Officer Nhs.net email**. However, pending the appointment the following NHS net account is to be used gst-tr.haemoglobinpanel@nhs.net.

The video conference call will be held monthly to discuss cases referred to the national haemoglobinopathy panel.

To ensure that the experts have adequate time to review the cases, summarised referral will be sent out by secure email to the NHP secure email.

3. Advice to referrer

1. All cases to the NHP must be **anonymised**
2. Video conference will be hosted using zoom or bluejeans
3. Provide detailed report to include
    a. Reasons for referral
    b. Current problems including therapies and referrals to additional services
    c. Background history to include diagnosis, co-morbidity (ies), treatment e.g. blood transfusion, chelation therapy profile,
    d. Additional investigation – all anonymised data.
    e. Be available to present the case for discussion
4. All referrers are encouraged where possible to discuss with the HCC or SHT, include the report in their documentation

4. Meeting Organisation

The MDT chair/lead is responsible for the effective chairing and co-ordination throughout the meeting. Access needs to be made to a computer for access to the 'Referral Record' to track and maintain the data during the MDT meeting. The lead is required to ensure that processes are established to track service users through the system from referral, assessment, interventions, review, discharge and follow up.

An MDT record will be completed to capture the monthly activity of the meeting including attendance, cases discussed and at which stage.

A record of the discussion is made on all active cases including those 'stuck' cases where a consensus has not been reached. When an active case has been discussed these minutes will form part of the service user's case notes (care record) with the record of discussion added to each month to provide a moving analysis which reflects the complexity and every changing realities of the patients worked with. The decisions are documented (and the thinking that informed these decisions) alongside any changes, alternative observations or new information that comes to light. The responsibility for recording will be the NHP Operations Support Officer.

If a case is discussed before a case record number has been opened, then the discussion and any decisions reached will be captured in the MDT log book and reviewed the following month. It will be the MDT chair/lead that will take responsibility for the tracking of cases and the MDT logbook.

The MDT will also ensure wider mechanisms in place that contribute to the governance of the service for example:

- Any serious or untoward incidents need also to be shared, recorded and monitoring within the MDT.

- The MDT will also review existing or implement any new Standard Operating Protocols (SOPS) to ensure that the effectiveness of the service.

- To share new drug information, patterns of use, wider trends and when new guidance and standards are published these will be reviewed.

5. Decision-making process

All cases referred to the NHP will be assessed by the NHP Chair or the Deputy NHP Chair. The intention is to achieve the outcome of decisions by consensus, however in the event that this remains unresolved the NHP Chair will advise the referring consultant of this and where there is a substantial cost implication this may need to be referred to a separate list of experts on the database of experts for adjudication.

The referral will be triage by Dr Baba Inusa into:

1. Monthly Video MDT meeting
2. Email panel depending on urgency
3. Email back to referrer either as
    a. Advice / recommendation
    b. Request for more details

6. Team working and culture

All the members are expected to know and understand their role and responsibility within the MDT and are expected to attend month unless on annual leave, training or sick leave. The MDT culture is important, and individuals need to promote a team etiquette which includes:

- Mutual respect and trust between team members with active listening
- An equal voice for all – different opinions are valued and encouraged
- Encouragement of constructive discussion/debate which is empowering
- Absence of personal agendas
- If conflict arises this is to be resolved quickly between the members
- Ability to request and provide clarification if anything is unclear
- A welcoming and inclusive atmosphere is provided when extended members join the MDT

During MDT discussions at whatever stage of a service user members need to hold in mind the service users, discussion should be undertaken as though the person is sat in the meeting room.

7. SOP Documentation

Communication record

Multi-Disciplinary Review Form

National Haemoglobinopathy Panel

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Appendix 1 Pathway Map

The multidisciplinary meeting takes place using two tier systems.

1. Monthly teleconferencing, these cases will be triaged by the NHP chair

Four weeks before meeting

NHP Operations Support Officer to send out a weekly reminder with a deadline for referrals (usually 72 hours before meeting takes place). The blank referral forms (MDM and Morbidity/Mortality) should be attached.

One week before meeting

NHP Operations Support Officer sends out further meeting reminder, with teleconferencing joining instructions.
All referrals to be acknowledged and MDM Number confirmed.

Three days and on the day:

NHP Operations Support Officer sends anonymised patient list to attendees with reminder of teleconferencing instructions.

Meeting takes place

Chair: | Deputy Chair
NHP Manager takes note of outcomes.

1-2 days after the meeting:

NHP Operations Support Officer inputs outcomes into referral forms and sends to MDM Chair/Deputy for sign off. Once approved, the NHP Operations Support Officer sends the completed form to the referring clinician (with patient details).
The completed referral form (anonymised) is then stored securely.

Referral Criteria:

-Consideration for stem cell transplant
-Plan to commence long term transfusion/change from simple or manual exchange to automated exchange
-Lack of response to hydroxycarbamide
-Iron overload issues
-Discussion of need to refer to specialist clinic (renal dysfunction, neurological disease, urological complications, respiratory disease, pulmonary hypertension, obstetric complications, orthopaedic disease).

Pathway of Referrals:

All HCC / SHT/LHT are encouraged to liaise directly with their respective HCCs and to share outcome of their respective MDMs- (Hospital, month, year, position on list, and if Mortality/Morbidity add 'M' Referral IDs are being developed in line with HCC configuration
Forms will be saved anonymously using MDM No. as identifier.

Appendix 2 Referral Template

Proforma%20Template.doc