

The multidisciplinary meeting takes place using two tier systems:

1. **Monthly teleconferencing, these cases will be triage by the NHP chair**
2. **Email group will be a rolling group depending on the cases received with the relevant expertise**

Four weeks before meeting

NHP manager to send out 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 Manager 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 Manager 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 Manager inputs outcomes into referral forms and sends to MDM Chair/Deputy for sign off. Once approved, the NHP Manager 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.