National Teenage and Young Adult MDT: Standard Operating Procedure

North of Scotland Cancer Network (NOSCAN)

South of Scotland Cancer Network (SCAN)

West of Scotland Cancer Network (WOSCAN)

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Document Control

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Version History

Version	Date	Author (s)	Comments
1.1	14/09/15	Liz Watt	Reviewed by TYA Clinical Lead
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1.3	29/10/19	Marnie Black	Appendix 1 amendment. Reviewed byLiz Watt

Document Approval

The document requires approval on behalf of the MSN CYPC:

Name	Role	Date
Dr Nick Heaney	MSN CYPC Clinical Lead for Teenage & Young Adult cancer's	January 2019
MSN CYPC Executive	MSN CYPC National Clinical Director	February 2019
	MSN CYPC Co Chair	

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1. Introduction

The Scottish Government has made a commitment to deliver cancer services for young people as a single sustainable service across Scotland. National MDT working is pivotal to delivering this (Scottish Government 2012).

The UK Department of Health (2004) defines a Multidisciplinary Team (MDT) as "a group of people of different disciplines, which meets together at a given time (whether physically in one place, or by video or teleconferencing) to discuss a given patient or patients and who are each able to contribute independently to the diagnostic and treatment decisions about the patient".

The UK Department of Health (2004) has produced a comprehensive standards document relating to cancer services. Within the manual Topic 2A describes generic MDT measures. In accordance with this, NHS QIS has developed the Management of core cancer services document (NHS QIS 2008) and refers to these measures as essential criteria in their Standard Statement 2a. Conforming to these standards, this document has been produced to facilitate the workings of a National Teenage and Young Adult MDT.

A complex range of services is required for young people with cancer, involving many interdisciplinary groups, crossing organisational and institutional boundaries. In adult cancer care the diagnosis, staging and medical treatment planning for the individual patient is delivered through the site-specific MDT. Additionally, in cancer services for young people, the concept of the TYA MDT has emerged, incorporating holistic care and support of the young person and their family throughout the care pathway (NICE 2005).

The Scottish Government Cancer Plan (2012) recommends that all patients, aged 16 – 24 years, are discussed at a TYA MDT and every young adult with cancer will be enrolled into and treated on a clinical trial where one is available. The MSN TYA MDT will work along-side the traditional site-specific MDT which will continue to have responsibility for treatment recommendations. The MSN TYA MDT standard operating policy deals with the additional role of the TYA MDT.

2. Aims & Functions of the National TYA MDT

Aim

The aim of the National TYA MDT is to bring together health professionals in paediatric, adult and TYA cancer settings across all cancer networks to enable young people to benefit from the expertise of site-specific and TYA cancer multidisciplinary teams, in order to ensure a holistic and co-ordinated approach to health care throughout their cancer journey.

Functions

i. To support the treatment recommendations made by the site-specific MDT and to consider this in the context of the psychosocial needs of the young person at the following time points;

- New cancer diagnosis

- Where there has been a significant change i.e. relapse, toxicities, death

- End of Treatment

- At time of transition

ii. To allocate a Key Worker with TYA expertise.

iii. To ensure that young people have an assessment of their holistic needs.

iv. To maintain and facilitate team working between site specific and TYA multidisciplinary teams.

v. To discuss TYA whose care is being shared between treatment centres or whose care is transitioning to another treatment centre.

vi. To ensure that all eligible young people are enrolled into a clinical trial where there is a clinical trial available and acceptable to them.

vii. To provide a forum for discussion of those cancers in TYA patients for which there is no site specific MDT.

viii. To facilitate transition from paediatric, through to adult cancer services.

ix. To ensure enhanced cancer registration of all clinical trial and non-trial patients to inform cancer care outcomes and improve cancer services.

x. To provide a multiprofessional educational forum to support continuous professional development.

NB

The requirement for discussion at the National TYA MDT will not delay the commencement of the patient's treatment.

3. <u>Procedure for referral</u>

3.1 **Indications for referral**

i. All patients' age 16 – 25 years with a confirmed or strongly suspected cancer diagnosis must be referred as soon as possible to the National TYA MDT.

ii. Patients who require a complex or multidisciplinary management decision for ongoing care.

iii. Patients with relapsed or refractory disease and those for whom there is a re-orientation of care to palliation.

iv. Patients at the end of treatment.

v. Patient's transitioning to adult cancer services.

3.2 **Referral**

i. A TYA MDT referral proforma for each patient must be submitted to the TYA MDT coordinator at least 2 working days prior to the meeting (Appendix 1).

ii. It is the responsibility of the referring clinicians to complete the proforma.

iii. Proforma is available from the TYA MDT coordinator, contact details:

3.3 **Receipt of referral**

i. Confirmation of receipt of referral will be sent by email by the TYA MDT coordinator within one working day. This will include the planned TYA MDT date and time.

ii. Upon receipt of referral the TYA MDT coordinator will register the patient.

3.4 **Administration before the TYA MDT meeting**

i. The TYA MDT coordinator will collect relevant reports and information.

ii. The TYA MDT coordinator will pro-actively manage the timely discussion of the case by monitoring progress of the information required to ensure they are available before the MDT deadlines.

iii. The TYA MDT coordinator will be responsible for the preparation and distribution of the agenda which will be circulated electronically to members by 12 00 mid day of the last working day before the meeting.

iv. The agenda will list patients by region in alphabetical order, unless a specific time slot for a patient is requested.

v. The TYA MDT coordinator will invite site-specific expertise from the site-specific MDT's to inform their discussion.

vi. If the referring clinician is unavailable to present the patient at the meeting, he/she should arrange a deputy in advance.

4. **Case Progress and management**

4.1 **The running of the TYA MDT**

i. The TYA MDT coordinator will organise a suitable host venue and audio/video-conferencing facilities as required.

ii. A register of attendance will be maintained by the TYA MDT coordinator. The TYA MDT coordinator will note the attendance of all members at all sites videoconferencing into the meetings.

iii. The maximum number of patients on a list is six, but is at the discretion of the TYA MDT Chair for urgent referrals.

iv. The meeting will be considered quorate when representation of all core members or deputies is present.

v. The definition of core in this instance is expertise that is regarded as key to the workings of the MDT.

vi. The meeting will only be cancelled if there are no patients for discussion or in exceptional circumstances and then only with the permission of TYA MDT Chair.

vii. The TYA MDT Chair will conduct the meeting allowing appropriate discussion for all patients and ensuring that all members have an opportunity to contribute.

viii. Variance to the agenda order is at the discretion of the Chair.

ix. If in exceptional circumstances both the Chair and Deputy Chair are unable to attend, core members will elect a stand-in chair for the meeting.

4.2 **MDT discussion**

Each patient will be discussed with a specific focus on;

i. Diagnosis and site specific MDT review
ii. Ongoing investigations or diagnostic review
iii. Treatment plan and place of delivery of each treatment modality
iv. Named Consultant in charge of each treatment modality
v. Availability of clinical trials, including trials outwith treatment centre
vi. Identification of the patient's key worker
vii. Psychosocial needs and how these are to be met
viii. Results of fertility discussion
ix. Registration details

4.3 **After the TYA MDT**

- For each patient an outcome proforma will record the MDT discussion, any recommendations and note the responsible health professionals. This will be reviewed prior to distribution by the MDT chair. The outcome proforma will be distributed to the relevant health professionals by the TYA MDT co-ordinator.
- A copy of the outcome proforma will be kept by the MDT coordinator.
- A copy of the outcome proforma is sent electronically to the referring clinician (or nominated contact) within 48 hours of the meeting for filing in the patient case notes or electronic patient records.
- The information will also be sent to the patient's GP, preferably electronically within 48 hours of the meeting

4.4 **The outcome of TYA and site-specific MDT discussions**

It is expected that for the majority of patients, who have been discussed at the TYA MDT by members of their treatment team, there will be no further outcome required following issuing of the agreed proforma.

For occasional patients it may be that further discussion outwith the MDT is required for example clarification sought regarding aspects of care. In such circumstances the MDT chair (or other designated core member) will contact

the referring clinician following the MDT either personally or electronically. Following this discussion if there is information that would be relevant to the TYA MDT members then an invitation will be made to discuss the patient at a future meeting.

4.5 Dispute resolution

There will be occasions when the TYA MDT and a site-specific MDT do not agree on the optimal management plan. All views should be heard and respected. Any decision, including differences of opinion, should be recorded as part of both MDT records. The primary clinician with responsibility for that patient has the final say in treatment.

5. The TYA Multidisciplinary team

The TYA MDT has an important role in the management of young people with cancer and the attendance of health professionals at the TYA MDT meetings is essential. The TYA MDT meetings and preparations should form part of the core members job plans.

5.1 Core members of the TYA MDT

- Chair
- Vice Chair
- TYA Lead Nurse
- TYA CNS
- TYA MDT coordinator
- TYA Social Worker
- Nursing representation from Teenage Cancer Trust Unit and/or wards

And at least two Consultants from the following specialities:

- Leukaemia
- Lymphoma
- Germ Cell Tumours
- Sarcoma
- Brain and CNS cancers
- Paediatric oncology
- Paediatric haemato-oncology

The TYA MDT should have access to the following specialists as part of an extended team with presence at the MDT considered desirable:

- Youth Support Coordinator

- CNS from adult cancer MDT's as appropriate to each patient
- Psychologist
- Paediatric Oncology Outreach Nurses
- Palliative care team
- After Care CNS
- Dieticians
- Physiotherapist
- Occupational therapist
- Speech and Language therapist
- Education Services
- Data manager

5.2 Attendance at the TYA MDT

- A register of attendance will be maintained, and members and Core members are expected to attend at least two thirds of meetings.
- The chair will be responsible for raising concerns about non-attendance of any particular member and escalating these concerns if regular non-attendance is impacting on the quality of TYA MDT working /recommendations.
- In the event of absence from TYA MDT meetings it is the members responsibly to organise appropriately qualified cover.
- Anyone observing TYA MDT meetings should be introduced to team members and their details included on the attendance list.

  Members attending by tele-conference rather than video-conference should ensure that all members of the MDT are aware of their presence at the start of the meeting.

5.3 Roles and Responsibilities

Responsibilities of the MDT Chair

- To ensure that the TYA MDT and site specific MDT teams work effectively together.
- To ensure that care is given according to recognised guidelines (including guidelines for onward referral) with appropriate information being collected to inform clinical decision making and to support clinical governance audit.
- Ensure attendance levels of members are maintained.
- Ensure the TYA MDT activities are audited and results documented.
- Ensure that the outcomes of meetings are clearly recorded and clinically validated and that appropriate data collection is supported.

- Agree the core and extended membership and responsibilities of these members.

5.4 Responsibilities of the TYA MDT coordinator

- The TYA MDT coordinator will work with the MDT to ensure the service is well structured and runs efficiently**.**
- To coordinate the TYA MDT meetings to facilitate communication and the provision of planned care by obtaining the details of patients to be discussed at least 24 hours prior to the meeting.
- To prepare and circulate the list of patients due to be discussed at the weekly meeting.
- Minute and record the decisions of the TYA MDT meeting.

6. TYA MDT Governance

The purpose of the TYA MDT and its expected outputs are clearly defined as per this document.

i. At least one annual business meeting should be scheduled to discuss issues such as;
   - operational policies
   - audit reports
   - clinical trials

ii. The TYA MDT operational policy and constitution will be discussed and reviewed annually at a business meeting which will occur in addition to the weekly meetings.

iii. The TYA MDT has representation on the MSN TYA Clinical Advisory Group.

iv. The MDT shares good practice and discusses local problem areas with MDT's within the Network.

v. Team working will support cover for annual leave, sick leave and holidays and will enable the TYA MDT to function at all times.

vi. An annual MDT report is produced.

7. Audit Responsibilities

ISD monitoring in accordance with the TYA minimum dataset, is mandatory for all patients.

An annual audit of patient care using the National TYA standards will be conducted.

8. Meeting frequency, day & time

The TYA MDT will meet weekly on Monday from 08 30 am – 09 30 am.

9. References

1. Department of Health (2004) Manual for Cancer Services. Topic 2A The generic MDT. DoH, London.
2. National Institute for Clinical Excellence (2005) Improving Outcomes guidance for children and young people with cancer. HMSO, London.
3. NHS Quality Improvement Scotland (2008) core standards: Cancer Services. NHS QIS, Edinburgh.
4. Scottish Government (2012) Cancer Plan for Children and Young People in Scotland 2012 – 15. The Scottish Government, Edinburgh.

Apendices

Appendix 1. CONFIDENTIAL - TYA MDT Referral Form

(16 years 0 days – 24 years 364 days)

Referral Details			
Date of referral		Type of referral	*e.g. new diagnosis, significant event, end of planned treatment, death*
Referring Consultant			
Person completing form		Email	
Principal Treatment Centre		TCT Unit	Yes ☐ No ☐ N/A ☐
Lead Cancer Consultant		Nurse specialist	
GP Name		GP address	

Patient Details					
Name		**CHI**		**Age**	**Gender**
Address					

Cancer Details			
Diagnosis		Stage/Grade	
Primary Site		Metastatic Sites	
Date of diagnosis		Start of Treatment Date	
		Anticipated EOT Date	
Treatment Plan	*Proposed chemotherapy and / or radiotherapy schedule*		

Clinical Trial					
Intervention clinical trial available	Eligible ☐	Offered ☐	Consented ☐	If 'no', please specify reason	
Name of Trial					

Clinical Information

Presenting History	*Please include comment on diagnostic pathway with dates / involved specialties where relevant*
Co-morbidities and past medical history	*Please include comment on additional health issues which may impact on therapy*
Progress so far	*Please include comment on treatment toxicities and / or other complications where relevant*
Relevant Family History	

Psychosocial status/support					
Living with	*Please include details of family and significant others*				
Education / employment					
AHP support required	*Please comment on teams involved e.g. physiotherapy, dietetics etc.*				
Psychology input required				HNA completed	Yes ☐ No ☐ Date:
Social Work Support	*Please comment on support required where appropriate*				
Fertility issues					
Fertility discussed	☐	Clinic appnt	☐	If 'no', please specify	
Fertility preservation	*If none undertaken please provide comment on reasons*				

Discussion points for MDT

Outcome of MDT (for completion by MDT coordinator)					
Summary of discussion					
Recommendations from TYA MDT					
Documented by					
Approved by		Signature		Date	

Appendix 2

MSN CYPC National TYA MDT Outcome of MDT letter

Enquiries to: Marnie Goldsmith
TYA MDT Coordinator
Specialist Oncology Services
The Beatson WoSCC
Tom Wheldon Building
1053 Great Western Road
Glasgow, G12 0YN
Tel: 0141 301 7170
Email:
marnie.goldsmith@nhs.net

Date:

Dr
GP Practice
Address

Dear Dr

Patient: CHI No:

Your patient was discussed at the Teenage & Young Adult MDT meeting on ……

Outcome of TYA MDT discussion and recommendations:	

The allocated Key Worker and contact details are:

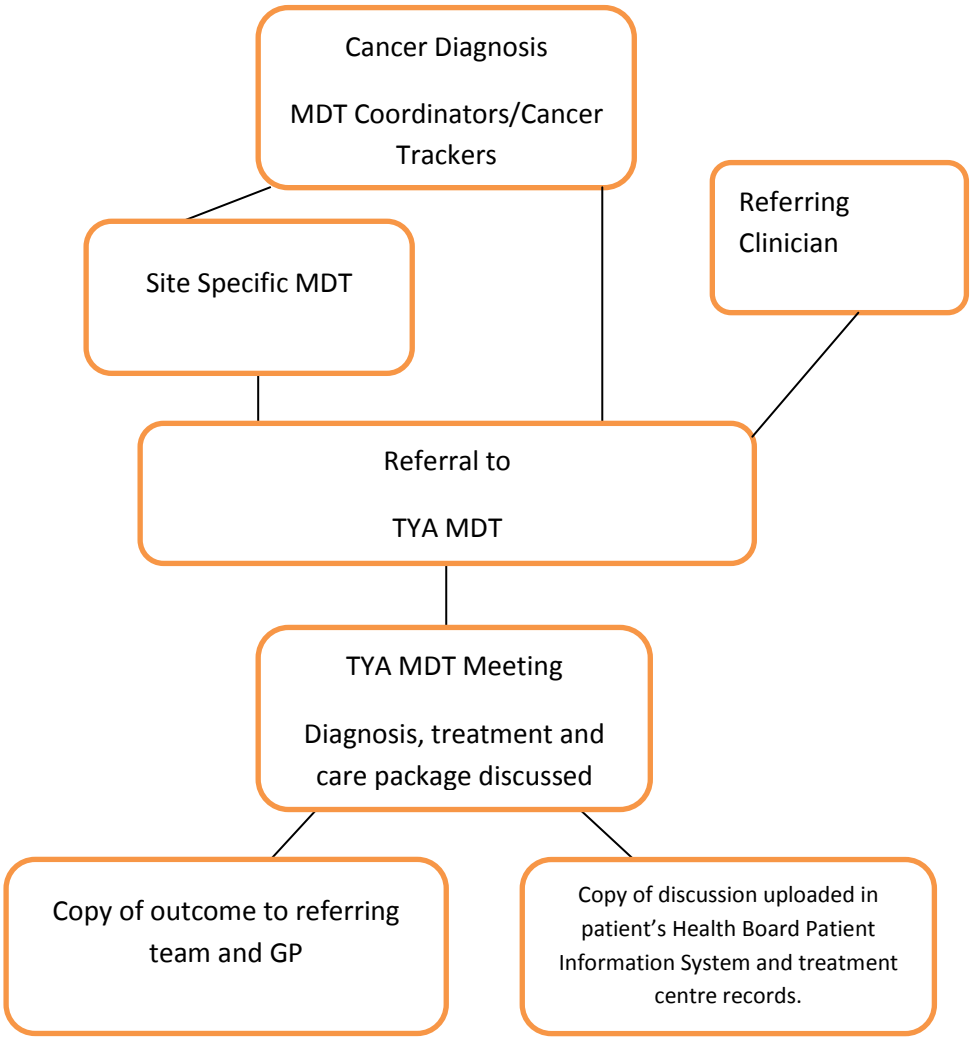
…… He/she can be contacted for any additional information.

Yours faithfully

Appendix 3

MSN CYPC National TYA MDT flowchart

Any patient age 16 – 25 years with a confirmed or strongly suspected cancer must be referred to the National TYA cancer MDT



Please complete the referral form and send to TYA MDT Coordinator Marnie Goldsmith **UHB.MSNNationalTYACancerMDT@nhs.net**

Appendix 4

National TYA MDT SLWG members

MSN CYPC TYA National MDT SLWG Membership		
Angela Edgar	MSN National Clinical Lead for TYA (Chair)	NHS Lothian/National Angela.edgar@luht.scot.nhs.uk
Liz Watt	MSN &TCT National Lead Nurse Teenage & Young Adult Cancer's	NHS GGC/National Liz.watt@ggc.scot.nhs.uk
Pat Barclay	Clic Sargent Social Worker	NHS Grampian/NOSCAN Pat.Barclay@clicsargent.org.uk
Julie Cain	Clinical Nurse Specialist, TYAC	NHS GGC/WOSCAN Julie.cain@ggc.scot.nhs.uk
Fiona Cowie	Consultant Clinical Oncologist,	NHS GGC/WOSCAN Fiona.cowie@ggc.scot.nhs.uk
Fiona Dawson	Clinical Nurse Specialist, TYAC	NHS Lothian/SCAN Fiona.Dawson@nhslothian.scot.nhs.uk
Michelle Ferguson	Consultant Medical Oncologist	NHS Tayside/NOSCAN Michelle.ferguson2@nhs.net
Larry Hayward	Consultant Medical Oncologist,	NHS Lothian/SCAN LarryHayward@nhslothian.scot.nhs.uk
Leanne Hearn	Paediatric Oncology Outreach Nurse	NHS H&A/NOSCAN Leanne.hearn@nhs.net
Chris Hewitt	Consultant in Clinical Psychology	NHS GGC/WOSCAN Chris.hewitt@ggc.scot.nhs.uk
Lesley Haldane	SCN TCT Unit BWoSCC	NHS GGC/WOSCAN Lesley.Haldane@ggc.scot.nhs.uk
Nick Heaney	Consultant Haematologist,	NHS GGC/WOSCAN Nick.heaney@ggc.scot.nhs.uk
Ronan Kelly	TCT Youth Support Coordinator. Yorkhill	NHS GGC/WOSCAN Ronan.kelly@ggc.scot.nhs.uk
Morag Moore	SCN TCT Unit WGH	NHS Lothian/ SCAN Morag.Moore@nhslotian.scot.nhs.uk

Rafael Moleron	Consultant Oncologist	NHS Grampian/NOSCAN Rafael.moleron@nhs.net
Catherine Ogilvie	Consultant Haematologist	NHS H&A/NOSCAN catherineogilvie@nhs.net
Sharon Peoples	Consultant Clinical Oncologist	NHS Lothian/SCAN sharonpeoples@nhslothian.scot.nhs.uk
Shona Simon	Clinical Nurse Specialist, TYAC,	NHS Lothian/SCAN ShonaSimon@nhslothian.scot.nhs.uk
Gordon Taylor	Consultant Haematologist	NHS Grampian/NOSCAN gordontaylor1@nhs.net
Sudhir Tauro	Clinical Senior Lecturer/Consultant Haematologist	NHS Tayside/NOSCAN sudhirtauro@nhs.net