



Leeds Cancer
Centre

LEEDS CANCER CENTRE

STANDARD OPERATING POLICY FOR THE SUPRANETWORK CUTANEOUS T-CELL LYMPHOMA MDT 2019

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i Document Control

Title	STANDARD OPERATING POLICY FOR MDT MANAGEMENT OF SUPRANETWORK CUTANEOUS T-CELL LYMPHOMA
Author(s)	SUPRANETWORK CUTANEOUS T-CELL LYMPHOMA MDT
Owner	SUPRANETWORK CUTANEOUS T-CELL LYMPHOMA MDT

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1.0	May 2016	Initial version
1.1	May 2017	Annual update
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Contributors to current version		
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	Dr P Laws	All

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ii Information Reader Box

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Author(s)	SUPRANETWORK CUTANEOUS T-CELL LYMPHOMA MDT
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iii Table of Contents

I	DOCUMENT CONTROL	2
II	INFORMATION READER BOX	4
III	TABLE OF CONTENTS	5
1	INTRODUCTION	6
2	PURPOSE OF MDT	7
3	LEADERSHIP ARRANGEMENT & RESPONSIBILITIES	8
4	MEMBERSHIP ARRANGEMENTS	9
4.1	CORE & EXTENDED MEMBERSHIP	9
5	MDT MEETING	10
5.1	TIME AND LOCATION	10
5.2	INDICATIONS FOR MDT REVIEW.....	10
5.3	PATIENTS REQUIRING TREATMENT BEFORE NEXT MDT MEETING	10
5.4	MECHANISM FOR REQUESTING MDT REVIEW	11
5.5	PREPARATION FOR THE MDT MEETING.....	11
5.6	CONDUCT OF THE MDT MEETING	11
5.7	DELIVERY OF TREATMENT	13
5.8	INFORMING THE PATIENT OF THE OUTCOME OF THE MDT REVIEW.....	13
5.9	GP NOTIFICATION OF A NEW CANCER DIAGNOSIS - NO LONGER A MEASURE	13
6	CO-ORDINATION OF CARE/ PATIENT PATHWAYS	14
6.1	CLINICAL & REFERRAL GUIDELINES.....	14
	PATIENT PATHWAYS	15
6.2	TEENAGERS AND YOUNG ADULTS REFERRED TO THE MDT.....	18
7	PATIENT EXPERIENCE	19
7.1	PATIENT INFORMATION	19
7.2	PATIENT EXPERIENCE FEEDBACK.....	19
8	APPENDICES	20
8.1	APPENDIX 1 - RESPONSIBILITIES OF MDT LEAD CLINICIAN.....	20
8.2	APPENDIX 2 - JOB PLAN FOR LEAD CLINICIAN	22
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Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.0	Review Date	May 2020

1 Introduction

A Supranetwork Multidisciplinary Team (MDT) has been established to review the diagnosis and management of patients with skin lymphoma from the Humber Coast & Vale (HC&V) South Yorkshire Bassetlaw & North Derbyshire (SYB&ND) and West Yorkshire & Harrogate (WY&H) Cancer Alliances. This allows pooling of expertise in this relatively rare cancer and is compliance with the Improving Outcomes Guidance for Skin Cancer, being based in Leeds where the Total Skin Electron Beam Therapy service is provided.

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Document Version	2.4	Review Date	May 2020

2 Purpose of MDT

The aims of the MDT are:

- To review all patients with cutaneous T cell lymphoma (CTCL) Stage 2b and above from the HC&V, SYB&ND and WY&H Cancer Alliances.
- To review patients with other types of lymphoma localised to the skin as requested
- Document diagnosis and stage for all patients
- To ensure that uniform treatment strategies are in place across the networks in compliance with agreed national and network guidance.
- Collect information on management of patients across the networks
- Ensure patients receive prompt treatment as near to home as possible
- Encourage entry of patient in to trials where possible
- Provide advice on implementation of new therapies.

The function of the MDT is:

- To confirm the diagnosis
- To resolve ambiguities
- To plan or confirm appropriate management of each patient
- To ensure that patients have treatment in the most appropriate environment and as near to home as possible
- To communicate treatment advice to referring teams clearly and promptly
- To ensure that the minimum data set for skin lymphoma and any additional information for any national CTCL database is collected
- To consider and confirm eligibility for and encourage entry of patients into clinical trials
- To ensure maintenance of clinical standards and protocols to support clinical governance
- To facilitate continuing professional education for all staff
- To maintain professional relationships.

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.4	Review Date	May 2020

3 Leadership Arrangement & Responsibilities

Dr P. Laws is the MDT Lead Clinician (the agreed list of responsibilities are in appendices 1 and 2) and also responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the MDT.

Ms Gill Stewart is the Lead Clinical Nurse Specialist for the service and has responsibility for users' issues and information for patients and carers and provides Level 2 Psychological Support.

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.4	Review Date	May 2020

4 Membership Arrangements

4.1 Core & Extended Membership

Core Members

	Role	Arranged cover
Dr Philip Laws	Consultant Dermatologist & MDT Lead Core Member of SSMDT Research / trials lead for MDT.	Dr Andrew McDonagh
Dr Bipin Mathew	Dermatopathologist, Leeds SSMDT	Dr W Merchant
Dr H Ali	HMDS haemato-pathologist	Dr Cathy Burton
Dr Di Gilson	Clinical Oncologist, responsible for TSEBT in Leeds.	Dr Robin Prestwich
Heather Hall	MDT Coordinator	Hannah Finnegan

Extended members

	Role
Gill Stewart	Lymphoma Clinical Nurse Specialist, Lead for user issues
Dr A Alfred	Haematologist, Rotherham SSMDT
Dr Andrew McDonagh	Dermatologist, Sheffield SSMDT

The MDT lead is responsible for ensuring that all appropriate patients are offered the possibility of entry into clinical trials.

Each core member of each MDT should aim to attend at least 95% of all MDT meetings.

The meeting is open to all dermatologists, haematologists medical and clinical oncologists from the Alliances who wish to take part.

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.4	Review Date	May 2020

5 MDT Meeting

5.1 Time and Location

The team meets on the second Wednesday of each month between 13.30 and 14.00 in the Haematological Malignancy Diagnostic Services Offices, Bexley Wing, St James' University Hospital, Leeds.

Colleagues from outside Leeds may join the meeting, by video conference if possible.

5.2 Indications for MDT review

All patients will be reviewed by the MDT:

- If they have Stage 2b or greater CTCL
- When the previously suggested therapy is no longer effective
- When there are problems in the patient's management, e.g. problems tolerating recommended treatment
- If the patient requires urgent treatment that has to be started prior to MDT review, the treatment decision will be reviewed at the next MDT meeting. The procedure for dealing with patients in this situation is outlined in below
- If a patient declines or is unfit for the management plan suggested by the MDT, the patient will be discussed again to review the patient's further management.

Patients with earlier stage CTCL and other types of lymphoma localised to the skin will, also, be reviewed at the request of their dermatologist or haematologist.

5.3 Patients requiring treatment before next MDT meeting

The consultant responsible for the patient's care will review the relevant information:

- i. from pathology, including discussion with a consultant form HMDS if an authorised report is not available
 - ii. from radiology, including discussion with a radiologist if an authorised report is not available
- Having collected all of this information the consultant will discuss the patient with the most appropriate consultant (depending on likely therapy to be offered) from the MDT to develop a management plan.
 - In exceptional circumstances, when a patient needs to start treatment before the next working day, a consultant may decide to instigate treatment if no colleague is available with whom to discuss treatment. The patient's management, however, must be discussed with another consultant on the next working day.
 - The patient's management must then be reviewed at the next MDT meeting.

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.4	Review Date	May 2020

5.4 Mechanism for Requesting MDT Review

- Dermatologist or Haematologist refers patient with skin lymphoma to one of the core medical members of the MDT.
- The core member completes a MDT Review Request which is sent to the MDT co-ordinator.
- MDT coordinator adds patient to MDT meeting list.

It is essential that forms are received in a timely manner to enable the MDT co-ordinator to gather together all of the relevant information prior to the MDT review meeting.

5.5 Preparation for the MDT meeting

The MDT co-ordinator:

- Prepares a meeting list of patients to be discussed
- Ensures histological slides and blocks that have not been reviewed by the Leeds Haematology Diagnostic Service (HMDS) to be sent to HMDS
- Ensures all radiological films required for review and ensures that they are reviewed at the Leeds Lymphoma MDT prior to the CTCL MDT
- Sends a list of patients for pathology review to the dermatopathologist and HMDS at least one working day before the meeting (not currently happening due to lack of dermatopathology support)
- Distributes the meeting list to MDT members
- Ensures that all relevant clinical information is available for the MDT meeting
- Keeps an attendance record for the MDT meeting
- Ensures that an MDT outcome is recorded and that referring consultants receive a copy of the outcome record.

5.6 Conduct of the MDT meeting

- The MDT meeting will be chaired by the MDT leader. The chair is responsible for the smooth conduct of the meeting.
- The doctor receiving the patient referral (or his/her arranged cover) presents a summary of the patient's relevant medical history.
- The relevant pathology and radiology are reviewed.
- The patient's management is discussed.
- The chair summarises the agreed management plan.
- The member of the medical staff presenting the patient records a summary of the MDT discussion and outcome, including the identity of the patient and the management plan for the patient.
- Eligibility of patients for trial entry will be considered.
- The MDT Co-ordinator completes the MDT review record which is held within Patient Pathway Manager (PPM) database.

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.4	Review Date	May 2020

- If the patient is to receive Total Skin Electron Beam Therapy (TSEBT), this will be specifically stated in the MDT record, i.e. unless otherwise stated patients will not receive TSEBT.
- The place where the patient's on-going care will be occurring will be clearly documented.
- The MDT Co-ordinator prints a copy of the MDT review record. This is checked and signed as being an accurate record of the MDT review by a consultant core member who was present at the meeting.
- The MDT review record is stored in the electronic patient record and separate letter is sent to the consultant(s) responsible for the patients care.
- The management plan formulated at MDT meeting may be subject to change due to the patient's clinical condition and patient's wishes. When this occurs it is fed back to a subsequent MDT meeting (see above). This is recorded on the PPM to allow audit of treatment decisions.
- If the patient has not been reviewed before the MDT meeting by a clinician present at the MDT meeting, a provisional management plan will be formulated and the patient will be discussed again at the next MDT meeting for confirmation of the management plan. This is recorded on the PPM to allow audit of treatment decisions.

The MDT co-ordinator keeps a register of attendance at the meeting. This information is then recorded onto PPM to record attendance for each core member of team.

The patients holistic needs assessment will be taken into consideration during the discussion of treatment planning. If a holistic needs assessment has not been completed at the time of MDT it will be documented on the live MDT summary that the treatment plan is provisional pending the assessment;

- This management plan is provisional and will be discussed with the patient once a holistic needs assessment has been performed.

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
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5.7 Delivery of treatment

Where possible once a management plan is in place, patients' treatment will be supervised and administered in their local hospital. It should be noted that all Total Skin Electron Beam Therapy is delivered at Leeds Cancer Centre, under the supervision of Dr Di Gilson.

The following table outlines how this works:

Treatment	Location of treatment supervision/delivery
Topical therapy	Local Cancer Unit
Phototherapy	Local Cancer Unit
Local radiotherapy	Queen's Centre for Oncology and Haematology, Hull St James Institute of Oncology, Leeds Weston Park Hospital, Sheffield
Total Skin Electron Beam Therapy	St James Institute of Oncology, Leeds
Systemic therapy	Depending on treatment required: Local Cancer Unit or St James Institute of Oncology, Leeds
Photophoresis	Rotherham General Hospital

5.8 Informing the patient of the outcome of the MDT review

If the patient is being reviewed in the Skin Lymphoma Clinic in Leeds, it is the responsibility of the doctor from the MDT seeing the patient in the clinic to inform the patient of the outcome of the MDT discussions.

The doctor will ensure that the patient is offered a permanent record of the discussion about the treatment options being suggested for his/her diagnosis. This may take the form of a copy of the clinic letter that is being sent to the referring consultant and GP or a specific summary of the meeting produced for the patient as appropriate.

If the patient is not being seen in clinic, the MDT leader will ensure that the outcome of the MDT meeting is communicated to the referring consultant, so that he/she may inform the patient.

5.9 GP Notification of a new cancer diagnosis

It is expected that most patients reviewed by the MDT will already have been informed that they have cancer. The patient and GP receive a copy of the clinic letter which discusses the diagnosis and treatment plan

Patients electronic patient record is updated.

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.4	Review Date	May 2020

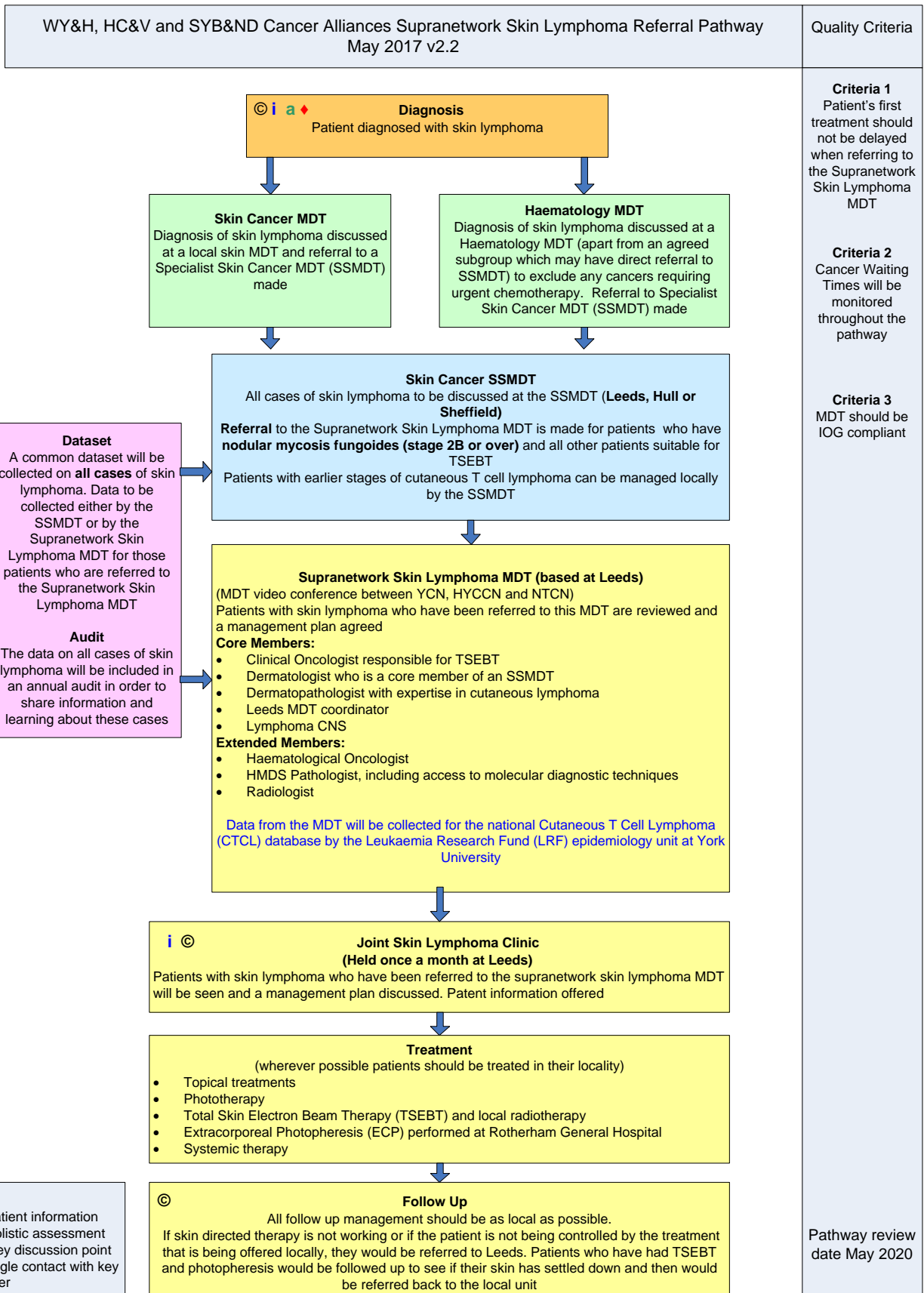
6 Co-ordination of Care/ Patient Pathways

6.1 Clinical & Referral Guidelines

The MDT agree to the Supranetwork Clinical Guidelines for T-Cell Lymphoma MDT, being available online to the West Yorkshire & Harrogate, Humber Coast & Vale and South Yorkshire Bassetlaw and North Derbyshire Cancer Alliances.

[https://canceralliance.wyhpartnership.co.uk/application/files/3915/5430/2234/WYH Guidelines for the Management of Skin Cancers April 2019.pdf](https://canceralliance.wyhpartnership.co.uk/application/files/3915/5430/2234/WYH_Guidelines_for_the_Management_of_Skin_Cancers_April_2019.pdf)

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.4	Review Date	May 2020



West Yorkshire & Harrogate, Humber Coast & Vale and South Yorkshire Bassetlaw & North Derbyshire Cancer Alliances

Supranetwork Skin Lymphoma Referral Pathway

Title	Supranetwork Skin Lymphoma Referral Pathway
Author & Owner	West Yorkshire & Harrogate CA Supranetwork Skin Lymphoma MDT

Version Control		
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1.0	June 2010	Published
2.0	January 2011	Full review of pathway. Update to the Supranetwork Skin Lymphoma MDT referral criteria. Update to the core/extended membership list. Pathway review date changed.
2.1	December 2012	Details of referral to Teenage and Young Adult Pathway MDT included in the 'Skin Cancer MDT' stage. HYCCN changed to NEYHCA.
2.2	May 2017	Full review of the pathway.
2.3	May 2018	Full review of the pathway.
2.4	May 2019	Full review of pathway

Pathway Details/Supporting Information

This pathway should be read in conjunction with the Supranetwork Cutaneous T-Cell Lymphoma MDT Operating Policy

This pathway applies to:

West Yorkshire & Harrogate Cancer Alliance

Humber Coast & Vale Cancer Alliance

South Yorkshire Bassetlaw & North Derbyshire Cancer Alliance

Criteria for Referral to the Supranetwork Cutaneous T-Cell Lymphoma MDT – held monthly at Bexley Wing, St James Hospital, Leeds

The following patients will be reviewed by the MDT:

- If they have Stage 2b or greater CTCL and all other patients who are suitable for TSEBT
- When the previously suggested therapy is no longer effective
- When there are problems in the patient's management, e.g. problems tolerating recommended treatment
- If the patient requires urgent treatment that has to be started prior to MDT review, the treatment decision will be reviewed at the next MDT meeting.
- If a patient declines or is unfit for the management plan suggested by the MDT, the patient will be discussed again to review the patient's further management

Patients with other types of lymphoma localised to the skin will, also, be reviewed at the request of their dermatologist or haematologist. The MDT aim would always be to give advice and where ever possible to return the patient to the local team for treatment.

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.4	Review Date	May 2020

How to refer a patient

Referrals to be made to Dr Phil Laws, Consultant Dermatologist and the Supranetwork Cutaneous T-Cell Lymphoma MDT Leader, or Dr Di Gilson or Dr Robin Prestwich, Clinical Oncologist, who is responsible for TSEBT in Leeds by e mail to heatherhall2@nhs.net, hannah.finnegan@nhs.net or leedsth-Tr.leedscancercentre@nhs.net and to and MDT lead

Ideally Dr Laws/Dr Gilson/Dr Prestwich would like to receive the referral at least 10 days before the next MDT meeting to ensure that all of the relevant pathology can be obtained for review. It would be very helpful if the patient's skin biopsies could be listed including where they were taken and reviewed. Patient photographs are also useful and can be e mailed directly to Heather Hall or Hannah Finnegan for upload to our data base

Any patient that the referring Consultant would like to discuss prior to MDT referral or who needs an urgent discussion, please do not hesitate to ring Dr Di Gilson/Dr Robin Prestwich on 0113 2068225/2067838 or Dr Phil Laws on **0113 3924373**.

Please send hard copy referral to:

Dr Phil Laws
Chapel Allerton Hospital
Chapeltown Road
LEEDS
LS7 4SA

Dr D Gilson/Dr R Prestwich
Level 4
Bexley Wing
St James's University Hospital
LEEDS
LS9 7TF

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.4	Review Date	May 2020

6.2 Teenagers and Young Adults referred to the MDT

Teenagers and Young Adults aged 18 to 25 years will be discussed with the appropriate TYA MDT and service. Patients from WY&H or HC&V and those receiving treatment in Leeds will follow the referral pathway outlined in Appendix 5. Patients being managed in South Yorkshire Bassetlaw & North Derbyshire CA will be discussed with and referred to the TYA service based in Sheffield.

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7 Patient Experience

7.1 Patient Information

All patients are offered written information on their diagnosis at their first clinic appointment. As required, they are also offered more detailed information on specific treatments they may be receiving. The MDT aims to provide clear and understandable information for all. Patients are given the contact details of the clinical nurse specialists, should they have any further questions once they and their carers have had the opportunity to read the provided written information.

The written information offered includes:

- A leaflet which details the names, functions and roles of the Multi-Disciplinary treating team (see Appendix 3)
- Information specific to skin lymphoma and its treatment options. This includes national and local publications.
- Information specific to the local TSEBT services, if appropriate
- Regimen information about specific systemic therapies as appropriate.
- Information about patient involvement groups and local patient self-help/support groups.
- A leaflet about the Information Care and Support Service at LTHT, which includes information about psychological, social and spiritual/cultural support available and complementary therapies.
- Information about services available to support the effects of living with cancer and dealing with the emotional effects. We currently run the “Hope” course which specifically addresses these issues (see Appendix 4).
- For those patients for whom English is not their first language, the team have access to an excellent Interpreting Service. The team can also provide additional audio and visual material if required.

7.2 Patient Experience Feedback

The MDT will undertake an exercise every two years prior to review to obtain feedback on patients' experience of the services offered. This will be done through the administration of a survey, which will be co-ordinated by the cancer centre team. The results of the survey will be discussed at an MDT meeting and an action plan agreed. Informal feedback received by any member of the MDT will also be discussed on an adhoc basis, with relevant actions agreed as necessary (a national cancer patient survey has been performed this year. We have recently completed a survey pertinent to skin lymphoma patients)

The exercise will ascertain whether patients were offered:

- A key worker
- The MDT's information for patients and carers (written or otherwise)
- The opportunity of a permanent record or summary of a consultation at which their treatment options were discussed.

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.4	Review Date	May 2020

8 Appendices

8.1 Appendix 1 - Responsibilities of MDT Lead Clinician

LEEDS CANCER CENTRE

MULTIDISCIPLINARY TEAM LEADER

JOB DESCRIPTION

The Leeds Cancer Centre supports a large number of cancer site-specific multi-disciplinary teams. Each team is made up of a defined, core group of staff and a number of extended members who provide services when requested. Each team has administrative and data management support.

Each team is led by a MDT Leader – a clinically based professional who takes responsibility for a particular team. Appointments are made on a three-year basis.

1. Professional Background

1.1 Multidisciplinary Team Leaders will possess recognised standing within their specific area of expertise and established organisational skills.

2. Role and Responsibilities

2.1 Ensure that the MDT meetings occur monthly¹, are well organised and documented to the standard expected by the Manual for Cancer Standards.

2.2 Represent the team on Leeds Cancer Centre and/or Acute Trust related activity and developments, where appropriate.

2.3 Where necessary, work closely with Trust Managers and Commissioners on planned developments of the service.

2.4 Ensure the team works towards meeting the quality measures outlined in the Manual for Cancer Standards.

2.5 Lead the MDT through peer review, as required, by ensuring the development and delivery of action plans to meet the relevant IOG measures. This will include the collation of evidence files, the development of the defined 3 key documents and ensuring that adequate preparation for the review meetings takes place.

2.6 Be responsible for identifying and promoting the development/adoption of guidelines and protocols relating to their cancer site.

2.7 Ensure that the MDT has patient pathways in place that facilitate meeting the cancer waiting times standards and that the MDT supports the patient tracking processes necessary to assure compliance with these targets.

¹ * As determined by local need and/or requirements outlined in the Manual for Cancer Services

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.4	Review Date	May 2020

- 2.8 Stimulate appropriate high quality clinical audit and research.
- 2.9 Review patterns of referral within the cancer site in order to ensure the existence of an appropriate and clear referral process between the Leeds Cancer Centre and General Practitioners/Cancer Units.
- 2.10 Closely supervise the work of the MDT administrative support team, ensuring these staff are given clear direction in their role and are supported in managing and developing the administrative processes of the team. Meet with these staff on a regular basis.
- 2.11 Represent the Cancer Centre in the site-specific meeting of the Cancer Alliance to plan appropriate service patterns for that cancer site across the Alliance and to offer professional advice to Commissioners and Trusts on general issues relating to their cancer site.
- 2.12 Represent the cancer site-specific team on appointment processes that will have an impact on the team e.g. the Consultant Advisory Appointment Committees
- 2.13 Attend appropriate meetings of the Leeds Cancer Centre, including the MDT Leaders forum.
3. Accountability
- 3.1 The MDT Leaders will be accountable, through the Leeds Cancer Centre Lead Clinician or Deputy, to the Trust's Executive Director Cancer Lead.
4. Notes
- 4.1 The Cancer Services Support Team is available as a resource and support. The MDT Leader is encouraged to work closely with this team to enhance the pathways of care and MDT processes locally.
- 4.2 The Cancer Services Support Team will provide specific support and professional development opportunities for the MDT administrative support team.
- 4.3 It is expected that the MDT Lead will be allocated 0.5 PA per week to allow them to undertake this role. This is not centrally funded by the Leeds Cancer Team

Agreed by: [MDT Leader]	Agreed by: [Lead Clinician, Leeds Cancer Centre]
Date:	Date:
Job description reviewed: 2nd May 2018	Date for review: 1st May 2024

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
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8.2 Appendix 2 - Job Plan for Lead Clinician

LEEDS CANCER CENTRE **Multidisciplinary (MDT) Lead Clinician**

JOB DESCRIPTION

The Leeds Cancer Centre team supports a large number of cancer site-specific multi-disciplinary teams. Each team is made up of a defined, core group of staff and a number of extended members who provide services when requested. Each team has administrative and data management support.

Each team is led by a MDT Lead Clinician – a clinically based professional who takes responsibility for a particular team. Appointments are made on a three-year basis.

1. Professional Background

- 1.1 MDT Lead Clinician will possess recognised standing within their specific area of expertise and established organisational skills.

2. Role and Responsibilities

- 2.1 Ensure that the MDT meetings occur at the required frequency for that service which is usually weekly or fortnightly². The MDT lead is responsible for ensuring the meetings are quorate, well organised and documented to the standard expected by the Quality Surveillance Team (QST). In addition the MDT lead is responsible for ensuring the Leeds Way behaviours are observed during every meeting.
- 2.2 Ensure development meetings are arranged for the team at least twice a year.
- 2.3 Represent the team on Leeds Cancer Centre, Acute Trust and WY&H Cancer Alliance related activity and developments, where appropriate.
- 2.4 Where necessary, work closely with Trust Managers, Commissioners and NHSE on planned developments of the service.
- 2.5 Ensure the team works towards meeting the quality indicators outlined by the QST.
- 2.6 Lead the MDT through the review of their service against Quality Surveillance Team indicators, as required, by ensuring the development and delivery of action plans to meet the relevant IOG measures. This will include the collation of evidence files, the development of the defined 3 key documents and ensuring that adequate preparation for the review meetings takes place. In addition MDT lead clinicians will participate in the QST review of peers alongside the lead cancer team within LTHT.
- 2.7 Be responsible for identifying and promoting the development/adoption of guidelines and protocols relating to their cancer site.
- 2.8 Ensure that the MDT supports the delivery of Cancer Waiting Time standards for their MDT. Communicates and reviews performance and outcome measures with the team. In addition

² * As determined by local need and/or requirements outlined in the Manual for Cancer Services

Produced by:	T-Cell Lymphoma SMDT	Publication Date	May 2019
Document Version	2.4	Review Date	May 2020

undertakes review of the 62 day pathways in conjunction with the lead cancer team to ensure the patient pathways facilitate adherence to cancer waiting times standards. Lead clinician should also ensure that the MDT supports the patient tracking processes necessary to assure compliance with these targets.

- 2.9 Ensure there is a systematic approach to collection of national data requirement eg COSD by promoting high quality clinical audit and research. This may involve, working closely with the WY&H Cancer Alliance, charities and academic institutions.
- 2.10 Review patterns of referral within the cancer site in order to ensure the existence of an appropriate and clear referral process between the Leeds Cancer Centre and General Practitioners/Cancer Units.
- 2.11 Closely supervise the work of the MDT administrative support team, ensuring these staff are given clear direction in their role and are supported in managing and developing the administrative processes of the team. Meet with these staff on a regular basis.
- 2.13 Represent the Cancer Centre in the site-specific meetings of the WY&H Cancer Alliance, to plan appropriate service patterns for that cancer site across the Alliance and to offer professional advice to Commissioners and Trusts on general issues relating to their cancer site.
- 2.14 Represent the cancer site-specific team on appointment processes that will have an impact on the team e.g. the Consultant Advisory Appointment Committees
- 2.15 Attend appropriate meetings of the Leeds Cancer Centre, including the MDT Clinical Lead forum.

3. **Accountability**

- 3.1 The MDT Leaders will be accountable, through the Leeds Cancer Centre Lead Clinician or Deputy, to the Trust's Executive Director responsible for cancer.

4. **Notes**

- 4.1 The Lead Cancer Team is available as a resource and support. The MDT Leader is encouraged to work closely with this team to enhance the pathways of care and MDT processes locally.
- 4.4 The Lead Cancer Team will provide specific support and professional development opportunities for the MDT administrative support team.
- 4.4.1 It is expected that the MDT Lead will be allocated circa 0.5 PA per week to allow them to undertake this role. This is not centrally funded by the Leeds Cancer Team

Agreed by: [MDT Clinical Lead]	Agreed by: [Lead Cancer Clinician, Leeds Cancer Centre]
Date:	Date:
Job description reviewed: 19/02/2019	Date for review: 19/02/2020

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