LEEDS CANCER CENTRE

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

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## Version Control

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Publication Date: May 2019  
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## Contributors to current version

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<td>Dr P Laws</td>
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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.
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 into 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.
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.
4 Membership Arrangements

4.1 Core & Extended Membership

Core Members

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

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<tr>
<th>Role</th>
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<tbody>
<tr>
<td>Gill Stewart</td>
</tr>
<tr>
<td>Lymphoma Clinical Nurse Specialist, Lead for user issues</td>
</tr>
<tr>
<td>Dr A Alfred</td>
</tr>
<tr>
<td>Haematologist, Rotherham SSMDT</td>
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<tr>
<td>Dr Andrew McDonagh</td>
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<tr>
<td>Dermatologist, Sheffield SSMDT</td>
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</table>

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.
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.
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.
• 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.
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:

<table>
<thead>
<tr>
<th>Treatment</th>
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<tbody>
<tr>
<td>Topical therapy</td>
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<td>Phototherapy</td>
<td>Local Cancer Unit</td>
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<tr>
<td>Local radiotherapy</td>
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<td></td>
<td>St James Institute of Oncology, Leeds</td>
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<td>Total Skin Electron Beam Therapy</td>
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<td>Local Cancer Unit or</td>
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<td></td>
<td>St James Institute of Oncology, Leeds</td>
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<tr>
<td>Photophoresis</td>
<td>Rotherham General Hospital</td>
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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.
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.

Patient Pathways

WY&H, HC&V and SYB&ND Cancer Alliances Supranetwork Skin Lymphoma Referral Pathway
May 2017 v2.2

Patient diagnosed with skin lymphoma

Diagnosis

Skin Cancer MDT
Diagnosis of skin lymphoma discussed at a local skin MDT and referral to a Specialist Skin Cancer MDT (SSMDT) made

Haematology MDT
Diagnosis of skin lymphoma discussed at a Haematology MDT (apart from an agreed subgroup which may have direct referral to SSMDT) to exclude any cancers requiring urgent chemotherapy. Referral to Specialist Skin Cancer MDT (SSMDT) made

Skin Cancer SSMDT
All cases of skin lymphoma to be discussed at the SSMDT (Leeds, Hull or Sheffield)

Supranetwork Skin Lymphoma MDT (based at Leeds)
(MDT video conference between YCN, HYCCN and NTCN)
Patients with skin lymphoma who have nodular mycosis fungoides (stage 2B or over) and all other patients suitable for TSEBT

Core Members:
- Clinical Oncologist responsible for TSEBT
- Dermatologist who is a core member of an SSMDT
- Dermatopathologist with expertise in cutaneous lymphoma
- Leeds MDT coordinator
- Lymphoma CNS

Extended Members:
- Haematological Oncologist
- HMDS Pathologist, including access to molecular diagnostic techniques
- Radiologist

Data from the MDT will be collected for the national Cutaneous T Cell Lymphoma (CTCL) database by the Leukaemia Research Fund (LRF) epidemiology unit at York University

Supranetwork Skin Lymphoma MDT

Joint Skin Lymphoma Clinic
(Held once a month at Leeds)
Patients with skin lymphoma who have been referred to the supranetwork skin lymphoma MDT will be seen and a management plan discussed. Patient information offered

Treatment
(whenever possible patients should be treated in their locality)
- Topical treatments
- Phototherapy
- Total Skin Electron Beam Therapy (TSEBT) and local radiotherapy
- Extracorporeal Photopheresis (ECP) performed at Rotherham General Hospital
- Systemic therapy

Follow Up
All follow up management should be as local as possible.
If skin directed therapy is not working or if the patient is not being controlled by the treatment that is being offered locally, they would be referred to Leeds. Patients who have had TSEBT and photopheresis would be followed up to see if their skin has settled down and then would be referred back to the local unit

Key
- Patient information
- Holistic assessment
- Key discussion point
- Single contact with key worker

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Pathway review date May 2020

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Review Date May 2020
Supranetwork Skin Lymphoma Referral 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.

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**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 leedst- 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:

<table>
<thead>
<tr>
<th>Dr Phil Laws</th>
<th>Dr D Gilson/Dr R Prestwich</th>
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<tbody>
<tr>
<td>Chapel Allerton Hospital</td>
<td>Level 4</td>
</tr>
<tr>
<td>Chapeltown Road</td>
<td>Bexley Wing</td>
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<tr>
<td>LEEDS</td>
<td>St James’s University Hospital</td>
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<td>LS9 7TF</td>
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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.
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.
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 monthly\(^1\), 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
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.

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<td>[Lead Clinician, Leeds Cancer Centre]</td>
</tr>
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<td>Date:</td>
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<tr>
<td>Job description reviewed: 2nd May 2018</td>
<td>Date for review: 1st May 2024</td>
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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 fortnightly. 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

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

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