Terms of Reference for the Virtual Multidisciplinary Team who discuss the previous treatment and future management of patients who had an unrecognised procedure known as a Cleavage Sparing Mastectomy performed by Ian Paterson.

Aim

The aims of the virtual MDT (vMDT) are:

1. To enable a formal mechanism for multidisciplinary input into advising clinicians regarding the ongoing management and care of patients who had the unrecognised procedure known as a Cleavage Sparing Mastectomy (CSM) performed by Ian Paterson (IP).

2. To ensure that a co-ordinated approach to high quality patient care is offered to all patients who are invited to the breast recall/review. The virtual MDT will make recommendations about what they consider to be the most appropriate next steps or options for the patient, be that further investigations or surgery, imaging surveillance, information giving or referral to other members of the clinical team e.g. clinical psychologist.

3. To provide support and advice to the clinicians who will see the patients at the independent review. During patient consultations, the advice that will be given will be that of the virtual MDT rather than that of a single clinician.

Objectives of MDT meeting are to;

1. To review the original diagnosis including histopathological confirmation and ensure this is validated

2. Review appropriateness and adequacy of treatment already undertaken

3. To take account of all the information we have on the current status disease status and health of the individual patient.

4. Make recommendations on any further treatment and follow up for each patient, and communicate these to relevant team members including the independent provider and the local NHS breast cancer service.

5. Ensure all recommendations are based on available evidence and follow national and local guidelines

N.B. It should be noted that the vMDT recommendations are based on information provided in patients' health records; i.e. there is no direct clinical contact with patients. **Direct clinical responsibility remains with the local breast care team.**

The vMDT Lead Clinician

The responsibility of the Lead Clinician is to ensure that the designated specialists work effectively together such that decisions regarding all aspects of a patient's care are multidisciplinary decisions. He will also ensure that decisions are taken in line with current standards and national guidelines, including guidelines for onward referrals, with appropriate information being collected to inform clinical decision making and to support clinical governance / audit.

The vMDT Lead Clinician also takes responsibility for the approval of the minutes of the vMDT meetings.

The virtual MDT (vMDT) – membership arrangements

Members of the vMDT have been drawn from the attendees at the national MDT meeting which took place in February 2015.

Communication between members at the meeting is usually via conference call facility. By the fact that the panel is a virtual one, it is not essential that all members are available at the same time. Any member that is unable to dial in at the agreed time forwards their initial opinions about the treatment plan to the Chair of the vMDT via the Head of Patient Review and Recall.

All email communication between individuals within the MDT is carried out via an nhs.net account or via a doctors.org account for information security purposes.

Members of the vMDT have access to the Heart of England NHS Foundation Trust patient information system iCare.

Members of the vMDT provide their availability to the Head of Patient Review and Recall/Project Manager so that meetings are planned well in advance.

Meetings will be held at the discretion of the chair (RL)/Deputy chair (ML) when required.

All vMDT members will be given circa 30 patients to review at each meeting. The number of cases to be reviewed at each meeting will be reviewed on an on-going basis.

Attendance of members at each meeting will be recorded by members "signing in" to each meeting; the register will be maintained by the Review and Recall Project Manager.

All outcomes are recorded on Dendrite and on the Breast Recall Database.

The plan of care determined by the vMDT will be communicated to each patient via a consultation with either a consultant breast surgeon, oncologist or clinical nurse specialist. If the patient chooses not to attend for a consultation, the outcome of the vMDT is communicated to the local breast care service (with a copy being sent to the GP for information and possible actioning).

Membership of the core vMDT

Role	Name	Dates Served
Breast Surgeon		May 2015 onwards
Clinical and medical oncologist		May 2015 onwards
Radiologist		May 2015 onwards
Pathologist		May 2015 onwards
Clinical nurse specialist		May 2015 onwards
Clinical Psychologist		May 2015 onwards
vMDT Co-ordinator		May 2015 onwards
Deputy vMDT Co-ordinator and Clinical Data Reviewer		May 2015 onwards

The vMDT is also supported by the Review and Recall team. Any member of the vMDT can be contacted via Caroline Williams, Head of Patient Review and Recall or Lloyd Brackstone, Project Manager. These staff can be contacted on 0121 424 0058 or 0121 424 3600.

The role of the Head of Patient Review and Recall

The role of the Head of Patient Review and Recall is to ensure that meeting dates are set far enough in advance to ensure full attendance and to ensure that staff have sufficient resources in order to prepare accurately for these meetings. Along with the Project Manager, she will ensure that all patient outcomes are recorded on a "tracker" (as well as the breast

database) and that any patients deferred are returned to the meeting for discussion once the additional information becomes available.

Once patient outcomes have been agreed, the Head of Patient Review and Recall is responsible for ensuring that this information is transferred to the patient's health record.

The Head of Review and Recall is responsible for the recall process, the communication with patients and ensuring the smooth running of any recall clinics.

The Head of Patient Review is also responsible for budgetary control ensuring that the vMDT members receive payment after each meeting and that any costs associated with the meetings are recorded and can be explained.

The role of the vMDT Co-ordinator and Project Manager

The role of the vMDT Co-ordinator is to ensure that the vMDT receive the patient information required for each meeting in a timely manner. MDT information should be forwarded to each of the vMDT members ideally 10 days prior to the start of each meeting. Communication will be sent via nhs.net accounts and/or secure, signed for post. The Project Manager is responsible for ensuring that any hard copies requested for information are sent to the vMDT members prior to each meeting.

The following patients are listed for discussion;-

- The Project Manager is responsible for the patient lists, ensuring that patients are discussed in order of clinical priority (priority decisions have already been made by clinicians).
- Additional patients with complex needs identified by individual clinicians can be requested for discussion.
- Where a change in treatment plan occurs because subsequent information becomes available

Breast Recall Patients to be reviewed by the vMDT

- All IP mastectomy patients will be reviewed at the vMDT meeting. The standard format for the presentation of patient details should be used (see appendix 1)
- Patients' details will be added to the list by the vMDT co-ordinator for discussion at VMDT meeting.
- The CNS prepares the clinical details of patients to be discussed ensuring all details (appendix ?) are available – Liaising with other trusts to obtain all original clinical details

- The vMDT co-ordinator will request histology and radiology results to be available for discussion at the meeting.

- The vMDT co-ordinator will prepare the list of patients to be discussed at the vMDT meeting and will circulate the list to core members prior (1 week) to the meeting to allow for individual preparation.

- Individual patient treatment plans will be agreed and recorded. The record will include the identity of the patient discussed, the vMDT treatment planning recommendation and for post-operative patients, confirmation that the HNA has been taken into account where appropriate.

- The consultant or designated doctor or specialist nurse will complete the proforma to inform the GP of the vMDT outcome. This letter is then made available on the (HEFT) patients' electronic record by the vMDT co-ordinator, with a copy being sent to the patient's GP.

- Patients receive a written summary of all consultations. This usually takes the form of a copy of the clinic letter sent to the GP. In line with Trust policy this is opt out rather than opt in.

Recording of vMDT Decisions

All treatment decisions and discussion at the vMDT will be recorded live by either the Clinical Nurse Specialist, Head of Patient Review and Recall or the vMDT co-ordinator. The draft minutes will be checked by the Clinical Nurse Specialist before these are circulated to the team for their comments.

The minutes will be circulated by either the Project Manager or the vMDT co-ordinator within 2 working days of the meeting taking place.

Each vMDT member should check the minutes and respond in writing, either amending or making additional comments where necessary. If the minutes require no alteration, the vMDT member should confirm that they require no changes. vMDT members should return their comments to the Project Manager for the recall and copy in the Head of Patient Review and Recall. Where possible, members should return comments within 5 working days of receipt of the draft minutes.

Once comments have been received, these will be passed on to the Lead Clinician. The Lead Clinician will review the comments and make changes to the draft minutes if these are required.

The draft minutes will be recirculated by the Project Manager (if changes have been made) for vMDT members to confirm accuracy. Once accuracy has been confirmed, the Lead Clinician will be responsible for signing off the minutes.

The Project Manager is responsible for ensuring that a signed copy of each vMDT meeting is available.

Patients' details are entered onto the MDT HEFT cancer system for MDT outcomes (Icare and Dentrite).

Appendix 1 vMDT Check List

Documents required	Examples		
Histology for every breast operation	FNA Core biopsy Excision biopsy WLEX Mastectomy Mastectomy reconstruction Excision of scar Shave Completion mastectomy Removal of residual breast tissue		
Operation notes	name of surgeon: proof or surgeon performing mastectomy		
Oncology letter	From original diagnosis – look for date of mastectomy then see about a month later Review letter if local recurrence or relapsed disease		
Radiotherapy treatment sheet	1. Coventry Warwick 2. UHBFT		
Chemotherapy treatment sheet	Can be found with Radiotherapy treatment sheets / oncology letter / bookwise / dentrite / CNS documentation		
Clinical photographs Photographs			
Recall	Previous correspondence relating to recall		
Genetics letter			
Clinical psychology review letters			

Last mammogram	I Care		
Last letter seen	I Care		
Consent	If you come across it, as it will save time later		
MDT outcomes	Extract from MDT on I care – right click and the mdts are listed		