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Multi Trust Multidisciplinary Team (MDT) process

Introduction

Following review of the Regional Medicines Optimisation Committee (RMOC) advisory statement on "Sequential use of Biologic Medicines (January 2020)" it was concluded that SWL High Cost Drug (HCD) pathways require review and adjustment to allow more lines of therapy if supported by evidence and clinical input.

RMOC guidance on the sequential use of biologic medicines states that:

- Commissioners should not limit patient access to appropriate treatments based on the number of prior treatments being attempted as this counters the NHS Constitution
- The NHS Constitution pledges that patients have the right to:
    - drugs and treatments that have been recommended by the National Institute for Health and Care Excellence (NICE) if clinically appropriate
    - expect local decisions on the funding of drugs and treatments to be made rationally and following the proper consideration of evidence.
- Clinical assessment of the appropriateness of treatments should be the overriding factor rather than the implementation of policies for costs saving reasons.
- In situations where the appropriateness of further treatment options is undecided, a peer multidisciplinary team discussion is likely to be helpful.
- Further development of the evidence base in this area and submission of data to specialty registries are encouraged.

The SWL Integrated Medicines Optimisation Committee (IMOC) (and its predecessor SWL Medicines Optimisation Group) had requested that relevant medicines optimisation (MO) clinical networks consider including a SWL multi-Trust MDT process. A SWL MDT process exists for the following scenarios:

- For additional treatment steps in revised pathways so that patients have access to all available drug classes (i.e. to available drugs with different mode of action)
- For any other scenarios where the SWL pathways require a multi-Trust MDT discussion. This currently applies to Inflammatory Bowel Disease (IBD) patients who require continuous dose escalation beyond 1 year (step 6 in the existing IBD dose escalation strategy) and it is likely to apply to 3 month vedolizumab dose escalation requests in the updated IBD pathway (in development).

Membership

Agreed with SWL High Cost Drug and Pathway Group (HCD&PG) and relevant SWL clinical networks. The composition will vary per clinical specialist area and it is anticipated to be based on national MDT guidance where available.

NHS
South West London

Purpose:

To facilitate peer review, offer advice, explore alternatives, and support decision-making via MDT discussions (where indicated in SWL HCD pathways) to ensure patients receive the best possible evidence-based and cost-effective treatment option in each of the agreed SWL High Cost Drug pathways.

Terms:

- Clinician to complete relevant multi-Trust MDT 4th/5th line therapy Blueteq local funding approval form to demonstrate that NICE TA and SWL drug pathway criteria are met and submit as per usual process.
- SWL Medicines, Value and Productivity High Cost Drugs (MVP HCD) team to assess SWL MDT application submission for completeness within a maximum of 3 working days (unless the requesting clinician has indicated that the request is more urgent). and share application with relevant SWL MDT group with any comments that need actioning. Should further information be required, then this timeframe will reset.
- SWL MDT members to comment /respond to SWL MVP HCD team within 7 working days unless the requesting clinician has indicated that the request is more urgent or the criteria for agreement or declining a request is achieved earlier.
- Following discussion, all SWL MDT members to indicate whether they support the request or not. If there are insufficient responses to satisfy the criteria, the request will be re-circulated unless the requesting clinician wishes to withdraw the request.
- The request will be circulated for a maximum of three times with a seven-day consultation timeframe each time.
- SWL MVP HCD team will record the details of the responses and final decision onto the "for office use only" form (appendix 2) and upload to the patient's Blueteq record for audit purposes and future reference.
- The process and the received requests will be audited every 12 months (or earlier if indicated)
- To ensure transparency and avoid conflicts of interest, all SWL MDT members are required to provide a declaration of interest when they return their comments on an MDT application via email.

Criteria for agreement:

- 2 positive endorsements from clinicians of 2 Trusts other than from the requesting clinician with no negative or severe concerns raised.
- If there are negative or severe concerns raised, then the decision should be postponed until an agreement is reached through a virtual meeting organised by SWL MVP HCD team. The requesting clinician must attend this meeting with access to the patient's notes (in case of further questions).

NHS
South West London

Document History

Version: V2.0

(page 1 and 2 updated for accessibility and team name change)

Author: SWL Medicines Value and Productivity High Cost Drug Team

Acknowledgements: Surrey Heartlands ICB

Approved by: Integrated Medicines Optimisation Committee (IMOC)

Approval date: August 2024.

Review Date: 2 years from approval date or sooner where appropriate.

NHS
South West London

Process map

- The requesting clinical team completes the multi-Trust MDT Blueteq form.
- Nominated SWL MVPHCD team member(s) will check the forms for completeness within a maximum of 3 working days (unless request is urgent) and ensure it is appropriate for MDT discussion (i.e. that Individual Funding Request (IFR) policy does not apply). 3 working days timeframe will reset should further information be required.

- The nominated SWL MVPHCD team member(s) will e-mail the application (without patient identifiable data) to the relevant SWL MDT members.
- All SWL MDT members to respond within seven working days unless the requesting clinician has indicated that the request is urgent.
- Members of the network group are expected to respond to the whole group by the date indicated in the email.

- If there are negative / severe concerns then decision will be postponed until an agreement is reached through a virtual meeting organised by SWL MVPHCD team.
- If the request is discussed at a virtual meeting, attending members must disclose any conflicts of interest relating to the case and requesting clinician has to attend this meeting with access to the patient's notes.

- The clinical chair (or deputy chair) will determine whether the request is approved or declined using the SWL MDT criteria for agreement and all group members will be informed.
- If approved, the application will be approved on Blueteq.
- If declined, the requesting clinician may have either received alternative treatment advice from group members during the consultation or will need to complete an IFR if appropriate.

- The nominated SWL MVPHCD team member(s) will add the details of the responses and final decision onto the "for office use only" form (appendix 2) and upload this to the patient's Blueteq record for audit purposes and future reference.

Process Map (Accessible format)

Step 1:

- **The requesting clinical team completes the multi-Trust MDT Blueteq form.**
- **Nominated SWL MVPHCD team member(s) will check the forms for completeness within a maximum of 3 working days (unless request is urgent) and ensure it is appropriate for MDT discussion (i.e. that Individual Funding Request (IFR) policy does not apply). 3 working days timeframe will reset should further information be required.**

Step 2

- **The nominated SWL MVPHCD team member(s) will e-mail the application (without patient identifiable data) to the relevant SWL MDT members.**
- **All SWL MDT members to respond within seven working days unless the requesting clinician has indicated that the request is urgent.**
- **Members of the network group are expected to respond to the whole group by the date indicated in the email.**

Step 3

- **If there are negative / severe concerns then decision will be postponed until an agreement is reached through a virtual meeting organised by SWL MVPHCD-team.**
- **If the request is discussed at a virtual meeting, attending members must disclose any conflicts of interest relating to the case and requesting clinician has to attend this meeting with access to the patient's notes.**

Step 4

- **The clinical chair (or deputy chair) will determine whether the request is approved or declined using the SWL MDT criteria for agreement and all group members will be informed.**
- **If approved, the application will be approved on Blueteq.**
- **If declined, the requesting clinician may have either received alternative treatment advice from group members during the consultation or will need to complete an IFR if appropriate.**

Step 5

- **The nominated SWL MVPHCD-team member(s) will add the details of the responses and final decision onto the "for office use only" form (appendix 2) and upload this to the patient's Blueteq record for audit purposes and future reference.**

NHS
South West London

Appendix 1: Example to show top section of Step 4 and 5 Multi-Trust MDT SWL Blueteq Form

Adalimumab biosimilar for Severe Rheumatoid Arthritis - Step 4 and 5 Multi-Trust MDT (SWL*)		
I confirm that the patient has given appropriate explicit consent for the SWL Integrated Care Board staff involved in the consideration and funding of their case to access confidential clinical information about them (including their NHS no.) to enable full consideration of this request and validating expenditure as appropriate. In the case of a minor or vulnerable adult, I confirm that consent has been lawfully obtained in compliance with relevant legislation guidance including the Children Act 2004, Mental Capacity Act 2005 and Data Protection Act 2018. Explicit consent given: ☐		
If there is more than one NICE-approved treatment available, a discussion between the responsible clinician and the patient has taken place about the advantages and disadvantages of the treatments available. This has taken into consideration therapeutic need and whether or not the patient is likely to adhere to treatment. The least expensive will be chosen (taking into account administration costs, dosage and price per dose) unless an order of preference is stated in the TAs. ○ Yes ○ N/A		
Patient NHS No:	**Trust:**	**GP Postcode:**
Patient Hospital No:	**Consultant Making Request:**	
Patient's Initials and DoB:	**Consultant Contact Details:**	
Notification Email Address:	(@NHS.net account ONLY)	
Sub-Type: *(If applicable)* N/A		
Patient Status: ◉ NHS ○ Private ○ Overseas	**GP Code / Practice Code:**	
Start Date:	**Additional information:**	
Homecare I declare that treatment is delivered via homecare ○ Yes ○ No		

Criteria for agreement:

- 2 positive endorsements from clinicians of 2 Trusts other than from the requesting clinician + no negative / severe concerns.

If there are negative / severe concerns, then decision is postponed until an agreement is reached through a virtual meeting organised by SWL ISPS team. The requesting clinician must attend this meeting with access to the patient's notes (in case of further questions).

Appendix 2: FOR OFFICE USE ONLY

Blueteq ID	
Drug	
Diagnosis	
SWL Pathway step	
Provider Trust	
Requesting clinician	
Reason for referral	
Response deadline	
Declarations of interest	
Decision	
Date of decision	

Add comments received from SWL multi-Trust MDT panel (copy & paste from emails if necessary):

Specialist (name and job title)	**Date**	**Response (including negative/severe concerns)**	**Declaration of interest**	**Positive endorsement Yes/NO**