

Lung cancer treatment during a pandemic

How have multi-disciplinary teams changed?



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This report was developed in collaboration with:



DISCLAIMER
Written and prepared by Merck Sharp & Dohme UK (MSD) Limited with advice and input from representatives of the British Thoracic Oncology Group (BTOG), Lung Cancer Nursing UK (LCNUK), UK Lung Cancer Coalition (UKLCC) and the Roy Castle Lung Cancer Foundation.

MSD commissioned Healthcare Research Worldwide to conduct two surveys of patients and healthcare professionals respectively. Advice and input on the survey questions was received from the BTOG, LCNUK, Roy Castle Lung Cancer Foundation and the UKLCC and the organisations facilitated dissemination of the survey amongst their networks.

Report summary

Key findings*

- There has been a significant increase in the proportion of multi-disciplinary teams (MDTs) conducted at least in-part virtually compared to before the pandemic, and that increase was sustained even as the first wave of the pandemic subsided
- While they recognise the logistical convenience of digital meetings, healthcare professionals miss the peer interaction associated with face-to-face meetings and have difficulties with unreliable technology
- The main advantage healthcare professionals report of virtual MDT meetings is the ability to increase attendance
- Post pandemic, more than half of healthcare professionals expect that all of their MDT meetings will be virtual or part-virtual
- To improve virtual MDTs, healthcare professionals think that better equipment is needed, as well as training on chairing meetings and encouraging discussion

Key considerations

- Research focussed on the views of secondary care clinicians from across the lung cancer pathway. Further research into the effectiveness of virtual MDT meetings could help health service policymakers understand whether these observations are seen across the UK, across cancer disciplines and if 'going virtual' is a sustainable and acceptable solution to healthcare professionals for increasing cancer MDT meeting attendance beyond the pandemic
- NHS England & Improvement may wish to consider producing new, or updating existing, guidance relating to MDT meetings, such as their guide to streamlining MDT meetings for Cancer Alliances,ⁱⁱ to take into account that so many MDT meetings are now held at least in-part virtually
- This research suggests that investment in hospital IT infrastructure will be needed if virtual MDT meetings are to become commonplace in future. Training for healthcare professionals may also improve the effectiveness and efficiency of virtual MDT meetings, helping meetings run smoothly and supporting meaningful interactions

*The data collected from the healthcare professionals survey described in this report is held on file by MSD.ⁱ

Introduction

The Covid-19 pandemic has had a substantial and prolonged impact on the NHS, and lung cancer healthcare professionals have had to adapt the way they work to reduce physical contact with both patients and their colleagues to reduce the spread of the virus.ⁱⁱⁱ

Lung cancer patients are supported by multidisciplinary teams (MDTs), bringing different specialisms and skills together to make decisions about what the best course of action might be for patients in their care. MDTs are seen as the 'gold standard' of cancer care,^{iv} and there is some evidence to suggest that lung cancer patients whose cases are discussed at an MDT have better survival outcomes than those whose cases are not discussed at an MDT.^v

Although some hospitals, particularly those working across multiple sites, may already use digital technology to link up MDT members in different sites, the pandemic necessitated a shift to 'virtual' meetings particularly during the first and second waves of increased viral transmission. Given this relatively rapid change to the delivery of patient care, it is important to assess whether the virtual format of MDTs is supporting or hindering healthcare professionals in delivering the best possible patient care.

To that end, MSD commissioned a survey of the lung clinical community, developing questions in collaboration the BTOG, LCNUK, Roy Castle Lung Cancer Foundation and the UKLCC, to understand how they are using, and feel about, virtual technology to work as a multidisciplinary team (MDT). The survey asked professionals whether and how telephone and video were being used to support their MDT meetings before and during the Covid-19 pandemic, what advantages and disadvantages they experienced and if they thought the virtual format would continue after the pandemic.

The results highlight key considerations, such as the implementation of guidelines, training and improved IT infrastructure, for the improvement of virtual consultations if their use is to be continued beyond the pandemic.

Methodology

This report describes the findings of a survey undertaken to understand the views and experiences of lung cancer healthcare professionals in secondary care of participation in MDTs, either virtually or in-person, during the pandemic.

MSD commissioned professional market research consultants at Healthcare Research Worldwide (HRW) to conduct the survey. Survey questions (detailed in Appendix 1) were developed by MSD in collaboration with the BTOG, LCNUK, Roy Castle Lung Cancer Foundation and the UKLCC, supported by healthcare policy consultants Incisive Health and HRW. The survey was open from 29 September to 19 October 2020 and was shared by BTOG, LCNUK and the UKLCC through their professional networks and promoted on social media.

Not every individual answered every question. Throughout the report we have indicated the number of respondents to the specific question.

Only one GP responded to the healthcare professionals survey, therefore the results are not reflective of the experiences and opinions of those who deliver care in a primary setting.

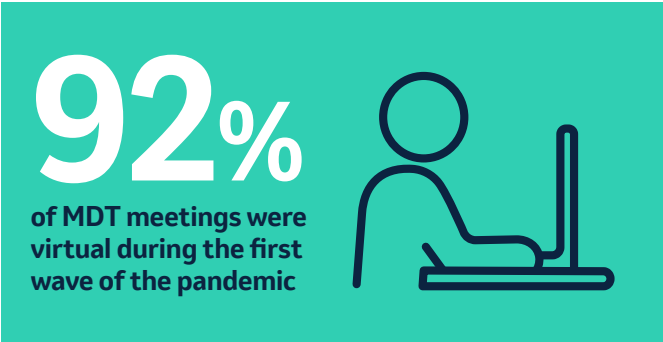
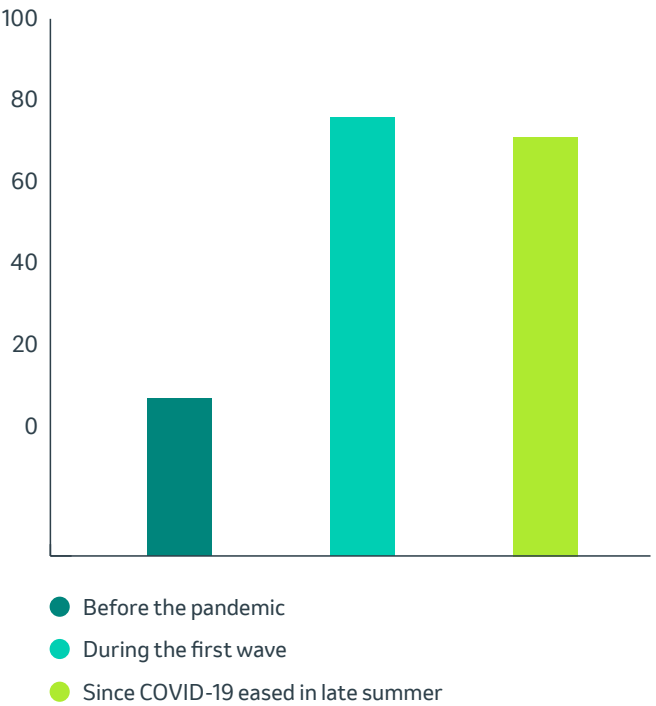
Results*

A total of 80 healthcare professionals responded to the survey: 33 lung cancer specialist nurses, 20 surgeons, 14 oncologists, 12 respiratory physicians and one GP. There were 39 respondents from acute general hospital trusts, 38 from tertiary cancer centres and three respondents from non-acute general hospitals.

Microsoft Teams was the most common platform used for MDT meetings with 83% respondents selecting this option. Zoom was the next most commonly used platform, with 21% of respondents.

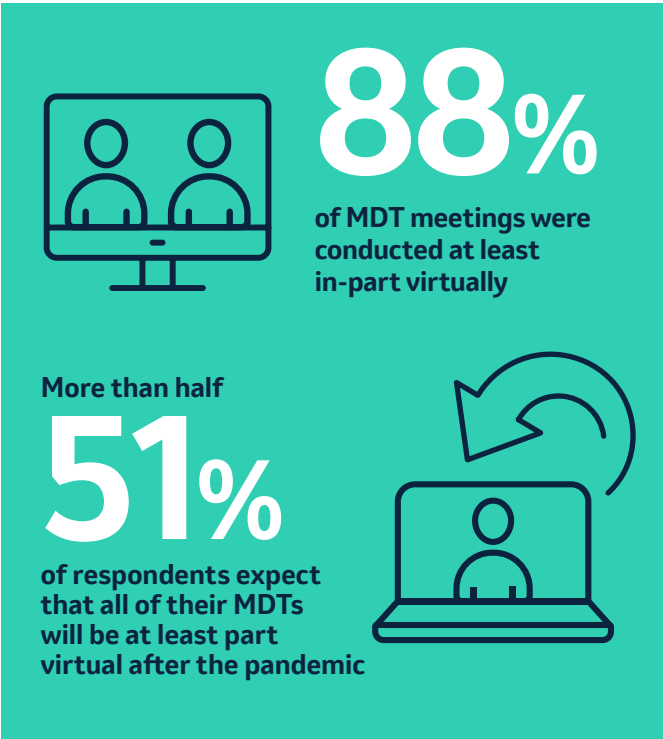
Before the pandemic an average of 33% of the 78 respondents' MDT meetings were virtual or part-virtual. However, **during the first wave of the pandemic, this rose to 92%.**

Proportion of virtual MDT meetings (%)

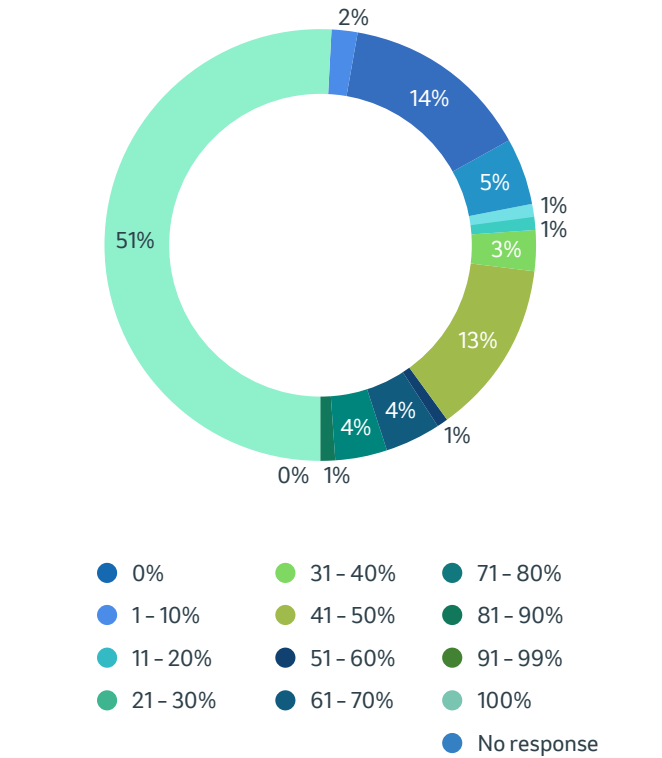


Virtual MDTs have largely been sustained, even as the pandemic eased in late summer, when an average of **88% of MDT meetings were conducted at least in-part virtually**, dipping to 75% during the survey period (late September to mid-October).

More than half (51%) of respondents expect that all of their MDTs will be at least part virtual after the pandemic.



Proportion of MDTs conducted at least in-part virtually post-pandemic (%), according to respondents



When asked how having more virtual meetings has affected the working of their MDT as a team, respondents expressed mixed feelings. **Some 53% of respondents who had seen the proportion of their MDT meetings increase reported a negative or substantial negative impact from going virtual**, 27% expressed a positive or substantial positive impact and 20% thought there was no impact at all. The majority (92%) of respondents saw no change to the frequency of their MDT meetings or the way their MDT meetings were run following the move to virtual meetings during the pandemic. Respondents commented:

*"[virtual MDT meetings] make **complex conversations** more difficult, as well as the frequent IT issues that we face."*

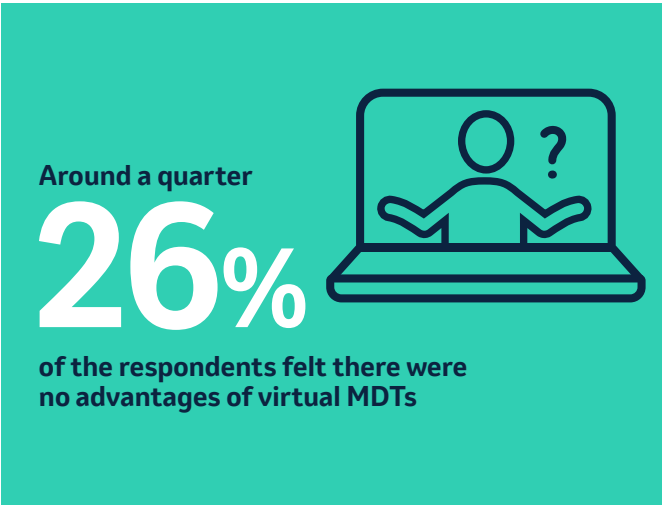
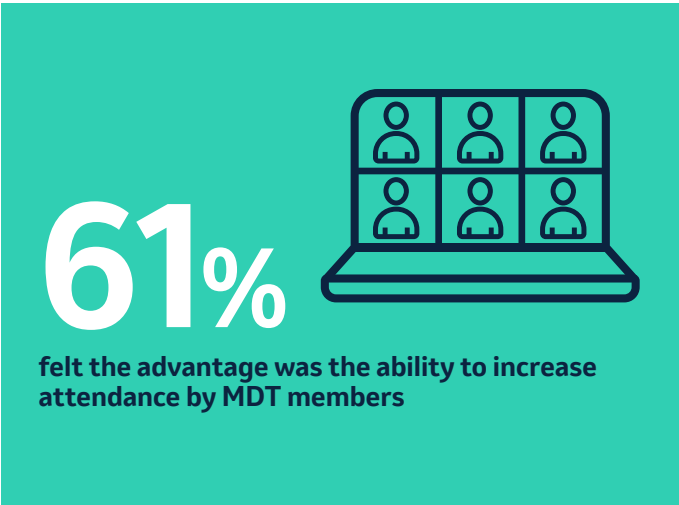
Surgeon

*"Since we don't need to physically send clinicians, we have been able to start **covering our local sarcoma MDT**, and have been able to **increase cross-cover** for our peripheral MDTs. Cutting out **travel time costs** in job plans is a **potential benefit** to the trust if the changes embed."*

Surgeon

*"There have been **no change in the frequency**. People only need to **dial in for their section**, and **more are able to attend**."*

Respiratory Physician



*The data collected from the healthcare professionals survey described in this report is held on file by MSD.¹

What are the advantages and disadvantages of increasingly virtual MDTs?

The survey asked healthcare professionals about any advantages or disadvantages of virtual MDTs, inviting them to select answers from a list or to suggest additions.

The most popular advantage of virtual MDTs, seen by 61% of the respondents, was the ability to **increase attendance by MDT members**. The ability to involve other hospitals / MDTs was chosen by 35% of respondents. **Around a quarter (26%) of the respondents felt there were no advantages of virtual MDTs.**

Comments from healthcare professionals suggested other advantages were in time saved travelling and to reduce the spread of coronavirus. One respondent commented:

*"There tends to be **less wayward discussion**, and the meeting can be **kept to the point**."*

Medical Oncologist

*"You can **undertake other work** when it's not your section of the MDT."*

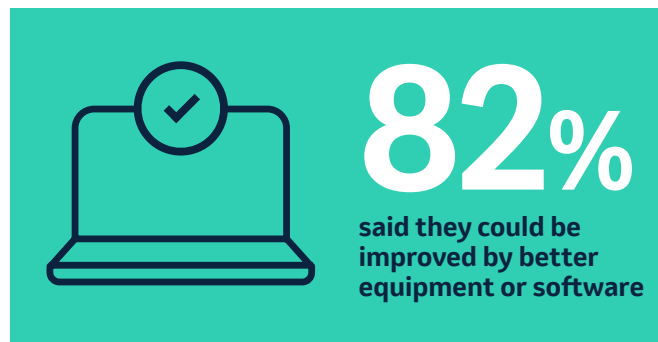
Respiratory Physician



81%
missed out on fuller interaction with colleagues



76%
said technology used is unreliable



The most commonly reported disadvantages from the respondents were **missing out on fuller interaction with colleagues (81%)** and **that the technology used is unreliable (76%)**. Respondents added in comments that virtual MDTs were worse for training junior members or introducing new members to the team, that older MDT members were not participating, and that members can become easily distracted:

"It is worse for training juniors and introducing new members to the team."

Respiratory Physician

"The older members of the MDT are not participating."

Lung Cancer Specialist

Asked what could improve the running of virtual MDT meetings, **82% of respondents said they could be improved by better equipment or software**. Some 46% of respondents would like examples of best practice from other MDTs, and more than a third (38%) would value more training for team members.

Probed further on training, half (51%) of the respondents suggested training or skills development in chairing or facilitating meetings would help improve virtual MDTs, and 48% think training in encouraging discussion would help. Around a third (36%) would like training in planning meetings, and 35% would value training in handling differences of opinion. A quarter (25%) think training could support better pre-meeting communication. four respondents (29%) felt diagnosis was delayed because of the pandemic.

Discussion

Virtual or part-virtual MDT meetings have increased dramatically since the start of the pandemic, from an average of around a third taking place virtually or part-virtually to around 90% – a level that was sustained into the beginning of the pandemic's second wave.

Although our study did not ask the healthcare professionals' opinions of the impact on the quality of patient care delivered by virtual MDTs, a similar sized survey of healthcare professionals across different clinical disciplines have found clinicians believe there is no difference in the quality of patient care between virtual MDTs and those undertaken face-to-face.^{vi}

Our study suggests the shift to virtual has divided opinion among healthcare professionals. Some miss the fuller interaction with colleagues, and IT issues are a common problem. However, nearly two thirds of respondents (61%) reported that one of the main advantages of virtual meetings is that they allow more colleagues to attend. Attendance at MDTs was an area for improvement identified by Cancer Research UK in their 2017 review of the effectiveness of MDTs in cancer services, with workforce pressures cited as a reason for reduced attendance.^{vii} Further, larger studies will be required to ascertain whether this observation is seen across the UK, across cancer tumour groups and specialist disciplines and if 'going virtual' is a sustainable and acceptable solution to

increasing cancer MDT attendance going forward. NHS England & Improvement published a guide to streamlining MDT meetings for Cancer Alliances immediately before the pandemic in January 2020.^{viii} It may become important to update these guidelines, or produce specific guidance, for virtual MDTs.

Solutions to improving healthcare professionals' experience of virtual consultations for lung cancer MDTs are similar to those suggested in our recently published survey of lung cancer patient consultations:^{ix} NHS hospitals require more up-to-date IT infrastructure and training for healthcare professionals to help meetings run smoothly and support meaningful interactions. There may be opportunities for healthcare professionals from providers less-used to the use of virtual MDTs to learn from those where virtual MDTs are well-established, if a higher proportion of MDTs are to be conducted virtually beyond the Covid-19 pandemic.

References

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Appendix I

The survey was conducted via an online questionnaire, in accordance with the Data Protection Act, Market Research Society, Association of the British Pharmaceutical Industry and British Healthcare Business Intelligence Association guidelines.

The survey was distributed by the UK Lung Cancer Coalition, British Thoracic Oncology Group and Lung Cancer Nursing UK via email newsletters to members, social media channels and linked to via their respective websites. Healthcare professional participants were advised:

- All participants will be asked to share their experiences and opinions
- The survey covers both use of virtual meetings to support decision-making within the MDT, as well as consultations with patients
- The research is being conducted by an independent, healthcare specialising market research agency called HRW and is conducted in accordance with all market research industry guidelines
- The survey will be confidential (no identifying information about you or other participating HCPs will be collected)
- The survey has been developed independently, but with financial support from MSD
- The aggregated results will be available to the UKLCC, BTOG and LCNUK as well as the pharmaceutical company (MSD) sponsoring this research
- In accordance with the guidelines, any adverse events that are reported within the survey will also be reported following MSD’s Drug Safety Policy
- We estimate it will take approximately 10 – 15 minutes to complete

Survey questions

Demographic information

Q1
What is your professional specialism?

- Respiratory physician
- Clinical oncologist
- Medical oncologist
- Lung cancer nurse specialist
- Surgeon
- Radiologist
- Pathologist
- Allied health professional (please specify: _____)

Q2
What type of centre are you based in?

- Non-acute general hospital trust
- Acute general hospital trust
- Tertiary centre

Q3
Which video software or apps do you use for MDT meetings?

- FaceTime
- Skype
- Microsoft Teams
- Zoom
- NHS Attend anywhere
- Other
- None – we don’t use video

Working as an MDT using virtual meetings

Q4
Approximately what proportion of your MDT meetings were virtual or part-virtual (with some members dialling in) during each of the timeframes below?

- Before the pandemic (before March)
- During the initial surge (March to end of June)
- As the initial surge slowed (July to end of August)
- At this time

Q5
How has having more virtual meetings affected the working of your MDT as a team?

Please rank on a scale of 1 to 5, where 1 is a substantial negative impact, 3 is no impact at all and 5 is a substantial positive impact.

1 A substantial negative impact

2

3 No impact at all

4

5 A substantial positive impact

6 Virtual MDT meetings have not increased since the pandemic

Q6
Have you made any changes to the frequency of MDT meetings or the way your MDT meetings run, as a result of moving to virtual meetings?

- Yes
- No

If yes, please tell us more about the changes in the frequency of or the way your virtual MDT meetings run.

Q7
What advantages have you seen with using virtual MDT meetings, if any? **Please tick any of the below that apply or tell us more using the free text box.**

- Fewer meetings needed
- More efficient meetings
- Faster / easier to make decisions
- Ability to increase attendance by MDT members
- Ability to involve other hospitals / MDTs
- Other (please specify: _____)
- There are no advantages

Q8
What disadvantages have you seen with using virtual MDT meetings, if any?

Please tick any of the below that apply or tell us more using the free text box.

- More meetings needed
- Meetings take longer / less efficient
- Slower / harder to make decisions
- Technology is unreliable
- Limited quality of, or access to, images (radiological and pathological)
- Miss out on fuller interaction with colleagues
- Tiring or emotionally draining
- Other (please specify: _____)
- There are no disadvantages

Q9
What do you think could be done to help virtual MDT meetings to run better?

- Better equipment / software
- Training for team members
- Examples of best practice from other MDTs
- Other (please specify: _____)

Q10
Approximately what proportion of your MDT meetings do you expect to be virtual or part-virtual (with some members dialling in) after the pandemic?

Q11
What sort of training or skills development do you think could be helpful for you or your colleagues in helping to improve virtual MDTs, specifically meetings held by phone or video rather than face to face?

Please tick all that apply.

- Planning meetings / organising structure and content
- Managing pre-meeting communication
- Chairing or facilitating meetings
- Encouraging discussion
- Handling differences of opinion
- Other (please specify: _____)

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