This document is a summary of frequently asked questions about the process for the Macmillan virtual Multi-Disciplinary Team (virtual MDT or vMDT) for consequences of cancer treatment. This is not an exhaustive list of questions, so if we’re unable to answer your question within this document please email us at vmdtcoordinator@christie.nhs.uk

The questions in this document are split into five sections:

1. Overview
2. Making a referral
3. Information for patients
4. Providing advice and expertise on a referral
5. Operational information

1. Overview

1a) What is the Macmillan virtual MDT?
The Macmillan vMDT allows UK-registered healthcare professionals to access online written expert advice from across the UK, within two to four weeks, on the management of a person who is experiencing complex or severe chronic symptoms following cancer treatment.

1b) What is the aim of the Macmillan virtual MDT?
The vMDT is intended to increase access to expertise across the UK, particular expertise within a specific speciality may not always be available at local level. We believe the vMDT supports a coordinated approach to patient care, facilitating a reduction in unnecessary or duplicated outpatient and diagnostic appointments, saving patients time and NHS resources. Overall, our aim is to improve the outcomes and quality of life for people experiencing complex chronic problems after treatment for cancer.

2. Making a referral

2a) Which patients can be referred to the vMDT?
We will accept referrals for patients experiencing complex or severe chronic symptoms following cancer treatment. These ongoing problems can be because of any cancer type or treatment type, however long ago active treatment ended. Please note: We previously had ‘referral criteria’ but will now accept referrals for patients experiencing any consequences of treatment.

2b) Who can make referrals to the vMDT?
We will accept referrals from UK-registered healthcare professionals on behalf of patients experiencing complex or severe chronic symptoms following cancer treatment. Healthcare professionals can also refer complex patients they have already supported, if seeking a second opinion or further support. Please note that the vMDT is not suitable for people experiencing emergency problems or who need a quick response.

2c) Can GPs refer patients to the vMDT?
Yes, the Macmillan vMDT system is fully accessible to GPs and we welcome referrals from primary care.

2d) Are patients able to self-refer to the vMDT?
Unfortunately, we are unable to accept referrals directly from patients. However, patients can approach their healthcare professional for a referral to the vMDT, we recommend that patients talk to their GP or existing cancer care team and we have produced some general guidance about how to do this. This can be found within the ‘key information’ section at www.macmillan.org.uk/vmdt
2e) How do you make a referral to the vMDT?
To make a referral to the vMDT you will need to be a UK-registered healthcare professional. You will need to register as a referrer on the Macmillan vMDT system which you can access via www.vmdt.macmillan.thirdparty.nhs.uk
Once registered, you will be able to submit a referral for expert advice for any patient experiencing complex consequences of cancer treatment. Further information about how to make a referral can be found on the Macmillan virtual MDT system and on the Macmillan vMDT website www.macmillan.org.uk/vmdt

2f) Is it possible to refer a patient to the vMDT more than once?
We will accept one referral per case to the vMDT. In order to minimise the need to make more than one referral, we advise that referring healthcare professionals read and interact with the responses from expert contributors that will appear within the forum. As expert advice appears online, the referring healthcare professional can respond and provide further clarity e.g. advising the vMDT expert panel on the result of a test. The expert panel will produce recommendations to inform the referring healthcare professional’s plan of action, although in some cases the expert panel may affirm that all appropriate action has already been taken.

2g) Who maintains clinical responsibility for patients referred to the vMDT?
All responsibility for patient care remains with the healthcare professional who makes the referral to the vMDT. Advice provided by vMDT expert contributors is just that – advice. There is no obligation for referring healthcare professionals to follow vMDT advice.

3. Information for patients

3a) Will information about patients be anonymous on the vMDT system?
Yes. No patient-identifiable information is entered into the vMDT system at all. Names, dates of birth, addresses, hospital numbers, NHS numbers and any other identifying feature (e.g. an unusual profession) are not permitted and the referring healthcare professional will be asked to take out this information before re-submitting the referral. Any images uploaded must also have any identifiers removed. The vMDT coordinator will check each referral for patient identifiable information and will not process cases until all information is anonymised.

3b) Is there any information for patients about what the vMDT is?
Yes, there is an information leaflet for patients explaining the process of the vMDT, timescales and what it may mean for their future care. This leaflet can be found within the ‘key information’ section at www.macmillan.org.uk/vmdt

3c) Are patients able to submit any information about how their ongoing symptoms are affecting them?
Yes. The information leaflet for patients includes space for a patient statement. This is an opportunity for patients to describe in their own words the impact their symptoms are having on their life. This will help the vMDT healthcare professionals providing advice to identify the best ways to help manage specific problems. The statement can be written electronically or by hand, once returned to the referring healthcare professional they will upload it with the online vMDT referral and retain a copy for hospital/GP records.

3d) How will patients be communicated with regarding their referral to the vMDT?
All communication about the status of a referral, and the recommendations from experts, will come from the healthcare professional who makes the referral to the vMDT. Patients will not hear directly from the vMDT.

3e) How can patients seek a referral to the vMDT?
Unfortunately, we are unable to accept referrals directly from patients. However, patients can approach their healthcare professional for a referral to the vMDT, we recommend that patients talk to their GP or existing cancer care team and we have produced some general guidance about how to do this. This can be found within the ‘key information’ section at www.macmillan.org.uk/vmdt
4. Providing advice and expertise on a referral

4a) What is the expert panel? / Who are the expert contributors to the Macmillan vMDT?
The expert panel is made up of several contributors who are selected to look at a patient’s case based on the referrer’s request for advice. An expert contributor is a UK-registered healthcare professional with expertise in the management of patients with complex consequences of cancer treatment, depending on their specialty and experience each contributor’s expertise will vary. We currently have over 80 healthcare professionals registered to provide expert advice for the Macmillan vMDT, a list of the type of specialties we have access to can be found within the Macmillan vMDT system.

Please note: If you are interested in becoming an expert contributor, please contact Alison Reddicen, vMDT coordinator at vmdtcoordinator@christie.nhs.uk

4b) Do expert contributors need to obtain approval from a Medical/Clinical Director or line manager before signing up to be involved?
Yes, we recommend expert contributors confirm support from their Medical/Clinical Director or line manager prior to participating in the vMDT. We have an outline letter available for adaptation, please contact Alison Reddicen, vMDT coordinator at vmdtcoordinator@christie.nhs.uk to access this.

4c) How many cases will expert contributors need to provide advice on per month?
An upper limit on cases per month will be agreed (usually 2 cases per month— on average a total of 40-60 minutes, unless a lower or higher limit is preferred). Expert contributors can also indicate their availability, so that they are not contacted during holidays or known busy periods.

4d) How long will expert contributors have to respond to a request for advice?
We expect expert contributors to be able to respond within 8-10 working days, on the vMDT system to requests for advice on referrals, as appropriate to each case. Typically, this will mean reading the referral online and typing in a paragraph in response to the referring healthcare professional’s questions.

4e) Once expert contributors have provided advice to a referral, what happens next?
After all expert contributors have provided advice one member of the panel (chosen in advance as panel chair for that case) will assist the vMDT coordinator to produce a case summary for the referrer and for the system archive. Expert contributors will need to promptly review the case summary, correcting any errors.

4f) Are there any professional benefits to becoming an expert contributor for the Macmillan vMDT?
There will be an element of personal and professional satisfaction from participating in the project, alongside the recognition of your peers for your expertise. There will be CPD available for participation in the expert pool. In addition, there is the opportunity to network with other experts in consequences of treatment with subsequent learning regarding multi-organ toxicities and their management. You will have access to the learning and teaching resources that will be accumulated as part of the project, and potential identification of new research topics.

4g) How long are expert contributors expected to be involved once they register?
It is currently planned to test this second phase of the vMDT until late 2018, at which time there will be a review of whether the system has achieved its objectives and what its future should be. Therefore, we would like a commitment for up to two years, but expert contributors are free to take breaks or leave at any time.

4h) What are the potential medico-legal risks for healthcare professionals providing expert advice?
As the responsibility for actions following vMDT advice lies with the referring healthcare professional, we do not anticipate any medico-legal issues to arise from individual advice provided. A medical defence organisation has advised that such activities would be covered even by ‘least risk’ membership categories, but recommends that members wishing to undertake the expert contributor work should notify their respective medical insurance organisation.
5. **Operational information**

5a) Who can access the vMDT system?
UK-registered healthcare professionals can access the vMDT system as expert contributors, referring healthcare professionals or read-only users. They can only view the detailed case discussion of cases they have referred or that have been assigned to them as expert contributors. However, all users (including read only users) can browse summaries of closed cases.

Non-clinical members of the medical team (such as medical secretary, admin support, or other non-clinical roles) can access the vMDT system as support users. The support user function allows a non-clinical member of the team to support the referring healthcare professional to input information and complete the referral form. The support user cannot submit the referral, as it will need to be checked and submitted by the referring healthcare professional. We hope that the support user function will ease the pressure on referring healthcare professionals in completing the information needed for the referral form.

5b) I already have my own informal clinical networks, would the Macmillan vMDT replace these?
The Macmillan vMDT is not designed to replace any current informal clinical networks you may have with colleagues in your own area or beyond. It will run alongside any existing networks and provide specialist expert opinion for complex symptoms people are experiencing following treatment for cancer.

5c) Are there any IT requirements?
To log in to the vMDT system you will need access to an NHS-N3 connected device. The system will run within the N3 network and you will not be able to use the vMDT if your computer or mobile device is not connected to N3. It is advisable to use a modern internet browser, or if using Internet Explorer ideally at version 8.0 or above. Previous versions may cause the vMDT online system to not operate fully. The system does not require you to download any software to your own device.

5d) What are the governance arrangements for the Macmillan virtual MDT project?
The project is overseen by a Macmillan-led Project Board with the support of a Reference Group for People Affected by Cancer and a Clinical Reference Group.

5e) What is the role of the vMDT coordinator?
The vMDT coordinator is based at The Christie in Manchester and has the main role of coordinating the experts to provide advice on each referral. They will ensure secure storage of all information submitted to the vMDT including user registration details. They act as the main point of contact for any queries and will aim to respond within one working day (except for the two weeks per year when the vMDT is not operational).

5f) When is the vMDT operational?
The vMDT will be fully operational for 50 weeks of the year; there will be two weeks per year when the vMDT is not operational which are likely to be over Christmas and Easter periods. The dates will be posted on the vMDT webpage. At these times, the response to a referral will increase. At other times during holiday/absence of the vMDT coordinator, cases will be administered by cover staff from The Christie NHS Foundation Trust.

5g) How is the vMDT project being evaluated?
The vMDT Project Board will be monitoring the performance of the vMDT throughout its 2-year testing and Macmillan will conduct a thorough evaluation. Depending on the outcome of our own evaluation, we may commission a wider external evaluation of the project. We will be looking to monitor key outcomes around whether healthcare professionals can make better informed decisions about patient management, whether the needs of patients are met more quickly and holistically, and if we can obtain a better understanding of the needs of patients experiencing complex consequences following cancer treatment. If you would like to find out more about our evaluation plans, please email vmdtcoordinator@christie.nhs.uk

For more information visit: [www.macmillan.org.uk/vmdt](http://www.macmillan.org.uk/vmdt) or contact vmdtcoordinator@christie.nhs.uk