

# Multi-Disciplinary Team (MDT) Meeting Protocol

<b>TITLE</b>	Title: Multi-Disciplinary Team (MDT) Protocol Version: 1.4
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## Introduction

Recent findings from local Safeguarding Adult Reviews, such as [Adult E \(November 2021\)](#) and [Adult G \(April 2022\)](#) have highlighted missed opportunities in numerous cases for practitioners from different disciplines to come together to share information, discuss and work cohesively with individuals who have multiple issues. This has led to fragmented risk management and care planning for individuals that don't need a formal safeguarding enquiry response.

This protocol has been written to help provide a meeting framework for practitioners of all disciplines to meet to coordinate actions to address multiple issues, to improve the outcomes for the individual.

## What is a multi-disciplinary team (MDT)?

Multidisciplinary teams (MDTs) are the mechanism for organising and coordinating health and care services to meet the needs of individuals with care and support needs.

The teams bring together the expertise and skills of professionals from a variety of agencies, and with different backgrounds and experience, to assess, plan and manage care jointly. MDTs must work proactively to support individuals' care goals.

Through accessing a range of health, social care and other community services, MDTs focus on keeping people well and independent, delivering the right care and support at home or in the community to prevent unnecessary hospital admission.

The MDT meeting requires professionals and practitioners from across different sectors to work together around the needs of Adults, their families and their communities. Whilst MDT meetings are traditionally used to support an individual's health needs, they can also be an effective tool in identifying and addressing risk caused by multiple needs impacting on an individual's well-being. An MDT meeting provides an opportunity for a structured conversation about an adult who has complex issues, involving a range of practitioners. Each practitioner brings their knowledge about the person and / or their area of specialist knowledge, to inform all professionals involved with an individual of the full picture, to enable coordination and jointly create an action plan to help manage multiple complexities.

MDT meetings work best when they are well structured, with a clear agenda, membership, roles and responsibilities. Each MDT case review meeting is different in order to suit the people involved (both those attending and those being discussed). This guidance document provides general suggestions to maximise the value of MDT meeting.

## What are the benefits of an MDT approach with individuals with multiple social, environmental, economic and health needs?

MDT approaches with individuals who face multiple issues in their lives can improve outcomes for people who use services, including:

- Better information sharing to understand the multiple issues facing an individual that may be impacting on their engagement with support
- Better understanding where there may be barriers to treatment planning and compliance
- Better understanding of risks and shared action plans to address concerns to prevent escalation
- Potential reduction in service utilisation (hospital admission, A&E attendance, readmission and length of stay)
- Less duplication of services provided at home or close to home
- Greater self-management and better preventative care to stay well
- Improved service user experience
- People's engagement and activation through social prescribing and shared decision-making
- Greater continuity of care and support across different care settings.

## What support and conditions do MDTs need to fulfil their role?

For MDTs to succeed with care coordination and management, a number of enablers and contextual factors need to be in place. These include:

- Trusting relationships across teams
- A shared vision of integrated care and support with clear goals
- Strong service systems and team leadership, accompanied by consistent working practices and protocols
- Good access to shared resources across partner organisations
- A broad range of community-based services from which to provide proactive care management
- Opportunities for informal communication and reflective team learning
- Identified professional taking responsibility for each action
- Each agency sharing relevant information in a timely manner.
- Specific training and professional development, especially joint training within the team
- A good mix of professional backgrounds and boundary-spanning roles, and
- Involvement of service users and/or their carers in care planning and decision-making.

## Structure of MDT case review meetings and suggested Membership

The membership of the multidisciplinary team can be varied and will depend on the context. Practitioners need to consider who can help and invite as wide a membership as possible. It may be that the team starts small and builds momentum. No one size fits all. An effective team is probably more important than ticking all the

boxes. Teams that work well together are those where each member is clear on their roles and responsibilities and where there are clear goals and a supportive environment that allows people to raise concerns safely.

### **Membership of MDT meeting could include (not an explicit list):**

- The individual and /or an advocate
- Social Care Professionals
- Health Professionals
- Police
- Greater Manchester Fire and Rescue Service
- Mental Health Services
- Housing services
- Specialist doctors
- Occupational Therapists
- Drug and alcohol services
- Commissioners
- Environmental services
- Representatives of the voluntary sector
- Faith groups
- Family or friends who can offer the individual support

### **Suggested Frequency**

It is suggested that MDT meetings are scheduled in advance to take place as frequent as is necessary, with a minimum of once a month being considered, and ideally be face-to-face meetings where possible, meeting more often is not discouraged but can be hard to sustain.

### **Suggested MDT roles and responsibilities**

- The Chair is whoever calls the MDT meeting, this can be any professional from any organisation involved with the individual.
- Identify Partners/Professionals who are involved with the person and invite to the MDT meeting.
- There will be a requirement to coordinate and prepare for the MDT meeting inclusive of sending out meeting invites, keeping a record of attendance at each MDT meeting, taking notes of the meeting including all actions agreed, by whom and when, and distribution of the minutes to the Chair for signoff and sending out to participants at the MDT.

## Suggested Agenda

Standing items may be introduced to the agenda to support the sharing of information. A suggested agenda is available in Appendix 1.

## The MDT meeting

- Chair - ask each person to introduce themselves and their role in the MDT meeting.
- Ensure there is a clear agenda which supports a structured meeting, allowing for open discussions and safe challenge.
- MDT Team members are required to attend meetings prepared with the relevant information
- There is an expectation that participation in discussions is active and constructive
- Participants are requested to maintain a person-centred, not organisational, focus
- Actions from the previous meeting are reported on.
- Participants are required to share any relevant information that will support the meeting, with the MDT members.
- All participants commit to carry out agreed tasks within agreed timeframes.
- The Chair will summarise decisions and ensure they are recorded accurately.
- Ensure that any actions given to absent team members are conveyed to them in a timely and clear manner.

## Evaluating your MDT

It may be beneficial to decide how to assess the usefulness of the MDT approach and the impact this has had on the Adult and their family.

An evaluation could involve, for example, case review at 3, 6 and 12 months, or interventions by type.

## Appendix:

### Agenda for Multi-Disciplinary Meeting

**Name:**

**Date:**

**Time:**

**Venue:**

1	Welcome and introductions;
2	The purpose of the meeting and what we are aiming to improve
3	Review actions
4	Outline of concerns from each organisation
5	View on the concerns and wishes/outcomes of the individual/advocate
6	Risk Action planning - Identification of risk and actions to address (who by and when)
7	How to engage friends/family to support
8	Summary of agreed decisions.
9	Other pathway consideration (MAC meeting, S42 consideration etc.)
10	Consideration of escalation of concerns
11	Plans for next meeting