

# Improving the effectiveness of multidisciplinary team meetings for patients with chronic diseases: a prospective observational study

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## Plain English summary

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## Plain English summary

Our study investigated multidisciplinary team (MDT) meetings for chronic illnesses: cancer, dementia, heart failure and mental illnesses. These teams are widely used across the NHS. They comprise different professionals, for example doctors, nurses, social workers and psychologists, and meet weekly to discuss their patients and make treatment plans. The teams work in a wide variety of different ways, not all of which may be helpful for making high-quality decisions for patients. We wanted to identify the factors that influence effective decision-making in these teams (by which we mean decisions being carried out).

We found that 78% of treatment plans were implemented overall, though this varied across teams: mental health teams were less likely to have implemented the agreed plan than cancer, heart failure and memory clinic teams. By observing 370 meetings we identified factors that help explain this. Teams with many different types of professionals present at the meeting were less likely to carry out the treatment plans agreed by the team. It was also crucial to have a good team atmosphere, and clear goals and processes.

We found that patients living in more deprived areas were less likely to get the treatment recommended by the team. This was not explained by whether or not patients' preferences or their other illnesses had been discussed.

We also found that individual teams had varying aims and organisational structure, and discussed different information when making decisions. Based on these differences, we asked a group of experts to recommend improvements to MDT meetings, which could help all teams regardless of whether they care for cancer, heart failure or mental health patients. They agreed on 21 indications for good practice, including that there should be yearly audits to check that MDT meetings are achieving their goals, and that the most appropriate time to discuss treatment options with patients is after the meeting, when information about treatment options is more complete.



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