NHS
Rotherham
Clinical Commissioning Group

Guidelines for a Multidisciplinary Case Management meeting

Case management is effective when included as part of a wider programme of care. This includes access to primary care services, supporting health promotion and primary prevention, and co-ordinating community-based packages for rehabilitation and re-ablement.

Structure of the meeting

The multidisciplinary team meetings should include, where appropriate, representation from the following teams:

- General Practice – GP Case Management lead with attendance by Practice Manager, Clinical Pharmacist, Social Prescribing Link Worker and Physiotherapist
- Community Services (where appropriate) – District Nurses, Community Geriatric Services, Community Psychiatric Nurses
- Social Services – social worker, Community Connector team member

The frequency of the meeting should be based on need and agreed with the team. However, it is recommended that virtual meetings should be held at least once a month. Note: physical attendance at meetings from Adult Social Care representatives may be on a quarterly basis. Regular access to support and advice will be provided to the practice via the Community Connectors and will be communicated by Rotherham Metropolitan Borough Council.

At the initial meeting the ground rules should be agreed by team members.

Organising the meeting

As lead for case management, the practice should take responsibility for co-ordinating the meeting. This includes:

- Arrange an appropriate venue and time
- Determine what audio-visual equipment is necessary.
- Identify local privacy/confidentiality requirements
- Prioritise patients for discussion following submissions from MDT members
- Finalise and circulate the agenda prior to the meeting.

It will not always be possible for all team members to attend the meeting in person, in particular social care colleagues. Tele/Video conferencing can enable external team members to join the meeting reducing the need to travel whilst facilitating greater engagement. Therefore, practices should work with the Adult Social Care team to ensure this option is available to them.

Where input is required from external team members for specific patients, schedule discussions for these at the beginning of the agenda rather than throughout the agenda e.g. those requiring social care support are discussed in the first part of the agenda, any requiring internal practice discussion are scheduled towards the end of the agenda. This will allow members to participate in relevant discussions and leave the meeting as appropriate.

Criteria for review by the MDT

The MDT Case Management meetings will predominantly be used to review patients that have been identified by the practice as part of the Case Management Local Enhanced Service (LES). However, there may be occasions where other members of the MDT wish to discuss patients who may be causing concern and would benefit from a wider discussion around what support is available.

When identifying patients to be reviewed who are not being managed under the Case Management LES, the MDT may wish to consider the following:

- Patients who have applied/are in the process of applying for a Home Care package or long term care
- Patients who were marked for review at a previous meeting
- Patients who have been identified as requiring increased additional support from other organisations e.g. Mental Health, Social Care, Community Services

Documentation

Care plans should be produced and/or updated for each patient discussed as part of a MDT meeting. This should include the agreed actions as a result of the meeting. It is the responsibility of each professional to update any records they hold in relation to individual patients.

A record of attendance and minutes of the meeting should also be maintained, including details of all patients discussed (new and review), actions, deadline date and lead for each action. The minutes should be circulated to all MDT members within a reasonable timescale to ensure actions can be undertaken within the timescales agreed.