



# Cancer Waiting Times

## Inter-Provider Transfer Policy



# Contents

<b>1</b>	<b>Background and purpose</b>	<b>3</b>
<b>2</b>	<b>Minimum data set</b>	<b>4</b>
	Table 1: Imaging and Pathology requirements	5
<b>3</b>	<b>External referral sent by Trusts</b>	<b>6</b>
	Table 2: External referrals for each Trust by tumour site	6
<b>4</b>	<b>Inter-provider transfers</b>	<b>9</b>
<b>5</b>	<b>MDT Dates and Contact details</b>	<b>11</b>
<b>6</b>	<b>Data Protection</b>	<b>11</b>
<b>7</b>	<b>Patient Tracking</b>	<b>11</b>
<b>8</b>	<b>Escalation of inter-provider transfers</b>	<b>12</b>
<b>9</b>	<b>Inter-provider breaches</b>	<b>12</b>
	Table 3: Six scenarios summary of breach allocations	12
<b>10</b>	<b>Referrals to a specialist MDT (SMDT)</b>	<b>13</b>
<b>11</b>	<b>Screening</b>	<b>13</b>
<b>12</b>	<b>Document Management and Approval</b>	<b>14</b>
	<b>Appendix 1: Inter Provider Transfer Form</b>	<b>15</b>
	<b>Appendix 2: Example EBUS request form</b>	<b>16</b>
	<b>Appendix 3: MDT dates/cut offs and Contact details</b>	<b>17</b>
	Dorset County Hospital	17
	Poole Hospital NHS Foundation Trust	18
	Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	19
	Portsmouth Hospital NHS Trust (PHT)	20
	Isle of Wight NHS Trust	21
	Hampshire Hospitals NHS Foundation Trust (Basingstoke)	22
	Hampshire Hospitals NHS Foundation Trust (Winchester)	23
	University Hospitals Southampton NHS Foundation Trust	24
	Salisbury NHS Foundation Trust	26

# 1 Background and purpose

- 1.1 An inter-provider transfer (IPT) occurs when a patient follows a pathway of care that involves a referral between providers. This policy has been developed to support IPTs of patients on cancer pathways within the Wessex Cancer Alliance (WCA) and is based on guidance contained within the **National Cancer Waiting Times Monitoring Dataset Guidance v10 (2019)** and **Cancer Waiting Times: Inter Provider Transfers (2019)** documents.
- 1.2 This policy applies to IPTs where the patient's pathway transfers from one provider to another for any reason (i.e. cancer diagnostics, staging, treatment, and follow-up from all initial referral sources including GP/GDPs, cancer screening programmes, consultant upgrades onto the 62-day pathway, subsequent treatments and patients presenting with recurrences and/or metastases).
- 1.3 The policy applies to referrals to all tertiary providers in WCA, including referrals for treatment from Trusts outside the Alliance.
- 1.4 The aim of this policy is to ensure the timely transfer of clinical and administrative information between providers when an IPT occurs so that:
  - patients receive appropriate assessment, diagnosis and treatment within the specified target times
  - the patient journey is appropriately monitored, with key events communicated between all providers involved in the patient pathway
  - problems are escalated appropriately and in a timely manner to the relevant staff so that remedial action can be taken
  - breaches are agreed and appropriately allocated between providers.
- 1.5 This policy document, along with documents listed above, can be found on NHS Wessex Cancer Alliance website: **[www.england.nhs.uk/south-east/cancer-alliances/wessex/resources](http://www.england.nhs.uk/south-east/cancer-alliances/wessex/resources)**



## 2 Minimum data set

2.1 An inter-provider transfer as described in Section 1) may not be recognised as a referral without receipt of the minimum data set, which consists of two parts:

**Clinical dataset**, including:

- the Specialist Multi-Disciplinary Team (SMDT) Referral Form – as per the Somerset Cancer Register (SCR)
- imaging and pathology (with accompanying reports) supplied by secondary provider and as specified in the SMDT referral form (see **Table 1**)

This should be sent via SCR e-tertiary system if available.

**Cancer waiting times dataset**, transferred via the:

- inter-provider transfer form – mandatory fields completed as a minimum. This dataset includes the national cancer waiting times dataset plus the inter-provider referral date (see **Appendix 1**)

2.2 Referrals to a Specialist Multi-Disciplinary Team Meeting (SMDT) shall include:

- full clinical dataset including reports
- cancer waiting times dataset

2.3 In the case of referrals for diagnostics and treatment, which do not require SMDT discussion, the clinical referral letter should be accompanied by the cancer waiting times dataset only.

2.4 IPT forms should be sent whenever another Trust is asked to present a case for input on a patient pathway e.g. Network MDT discussion. Where a Trust presents their own patient, there should be no requirement for IPT as all outcomes will be recorded locally and any subsequent IPTs, will be sent thereafter.

2.5 The IPT form should also be accompanied by:

- MDT referral form (to include performance status) clearly indicating the question required to be answered by the MDT
- the outcome from any local MDT on the SCR proforma
- imaging reports (when these have been performed) incorporated in MDT outcome
- pathology reports – slides also to be sent allowing 48 hours for reporting upon receipt
- diagnostic procedure (see **Appendix 2**) example Endobronchial Ultrasound (EBUS) referral form for required information – diagnostics not requiring an outpatients appointment (OPA) = Endoscopic Ultrasound (EUS), EBUS
- Video-assisted thoracoscopic surgery (VATS), mediastinoscopy, panendoscopy, template fusion biopsy and staging laparoscopy all require an OPA prior to test being arranged
- first or subsequent treatment

Forms for radiotherapy should only be sent once the patient has been seen by an Oncologist.

IPTs for treatment discussion, must include minimum dataset and 28-day diagnosis information.

**Table 1: Imaging and Pathology requirements**

<b>Tumour Site</b>	<b>Information required (performance status required for all)</b>
<b>Lung</b>	<ul style="list-style-type: none"> <li>• computerised tomography (CT) scan images and report</li> <li>• positron emission tomography (PET) scan images and report</li> <li>• pulmonary function tests (PFT's)</li> <li>• pathology (slides and report) if performed</li> </ul>
<b>HPB</b>	<ul style="list-style-type: none"> <li>• ultrasound (US)</li> <li>• CT</li> <li>• PET</li> <li>• pathology (if available)</li> <li>• magnetic resonance imaging (MRI)</li> </ul>
<b>Head and Neck</b>	<ul style="list-style-type: none"> <li>• CT</li> <li>• MRI</li> <li>• cytology/pathology</li> <li>• panendoscopy report</li> </ul>
<b>OGJ</b>	<ul style="list-style-type: none"> <li>• oesophago-gastro-duodenoscopy (OGD)</li> <li>• CT</li> <li>• PET</li> <li>• pathology</li> </ul>
<b>Sarcoma</b>	<ul style="list-style-type: none"> <li>• US and CT scan images and report</li> <li>• MRI</li> <li>• pathology</li> </ul>
<b>Gynae</b>	<ul style="list-style-type: none"> <li>• CT scan images and report</li> <li>• MRI (if cervix referral)</li> <li>• pathology (slides and report) if performed</li> <li>• US</li> </ul>
<b>Urology</b>	<ul style="list-style-type: none"> <li>• Prostate - MRI and pathology, (slides and report)</li> <li>• Renal - CT</li> <li>• Bladder - CT and pathology, (slides and report)</li> </ul>

### 3 External referral sent by Trusts

Table 2 below shows treatment pathways by tumour site, by Trust.

**Table 2: External referrals for each Trust by tumour site**

Trust first seen	Tumour site	Trust for Treatment
University Hospitals Southampton NHS Foundation Trust (UHS)	Lower GI/gynae – pseudomyxoma	Basingstoke
	Sarcoma	Stanmore (bone)
	Breast screening	Salisbury
	Paediatric Radiotherapy	Guys and St Thomas'
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH)	Upper GI	Poole, UHS, PHT
	Urology (non-prostate)	UHS
	Urology (including prostate)	Poole
	Sarcoma	Royal Marsden (soft tissue), Stanmore (bone), Poole
	Skin	Poole
	Colorectal	UHS, Poole, Basingstoke
	Lung	UHS, Poole
	Haematology	Poole
	Gynaecology	Poole
	Head and Neck	Poole
Dorset County Hospital (DCH)	Colorectal	Basingstoke
	Gynaecology	Poole
	Head and Neck	Poole
	Haematology	Poole (RT), UHS
	Lung	UHS (surgery), Poole (RT)
	Sarcoma	Royal Marsden (soft tissue), Stanmore (bone)
	Upper GI	RBCH, UHS
	Urology	Prostate (brachy & RT) – Poole Prostate (surgery) – RBCH

Trust first seen	Tumour site	Trust for Treatment
Poole Hospital NHS Foundation Trust (PHFT)	Lung	UHS
	Hepato-pancreato-biliary (HPB)	UHS
	Paediatric	UHS
Isle of Wight NHS Trust (IOW)	Skin	PHT
	Lymphoma and Haematology	UHS
	Thyroid	UHS
	Lung	UHS
	Breast (Radiotherapy)	UHS
	Upper GI and HPB	UHS
	Lower GI – highly specialist	UHS
	Gynaecology	UHS
	Urology	PHT
	Head and Neck	PHT
Hampshire Hospitals NHS Foundation Trust (HHFT – Basingstoke)	Upper GI	UHS
	Specialist Anal	UHS
	Gynaecology surgery	UHS
	Specialist skin	Salisbury
	Head and Neck	Royal Surrey
	Lung	Oxford
	Sarcoma	Royal Marsden (soft tissue)
	Urology – Kidney	Frimley Park
	Urology Prostate Surgery	Royal Surrey

Trust first seen	Tumour site	Trust for Treatment
Hampshire Hospitals NHS Foundation Trust (HHFT - Winchester)	Upper GI	UHS
	Head and Neck	UHS
	Urology Prostate Surgery	UHS
	Gynaecology	UHS
	Specialist skin	UHS
	Haematology	UHS
Portsmouth Hospital NHS Trust (PHT)	Sarcoma	Royal Marsden (soft tissue), Royal National Orthopaedic Hospital
	Urology Testicular Oncology	UHS
	Gynaecology	Royal Marsden Hospital
	Respiratory Surgery	UHS
	Dermatology	UHS
Salisbury NHS Foundation Trust (SFT)	Urology – prostate	UHS
	Gynaecology	Poole
	Radiotherapy	UHS and Poole
	Lung	UHS
	HPB	UHS
	Upper GI	RBCH
	Head and Neck	UHS

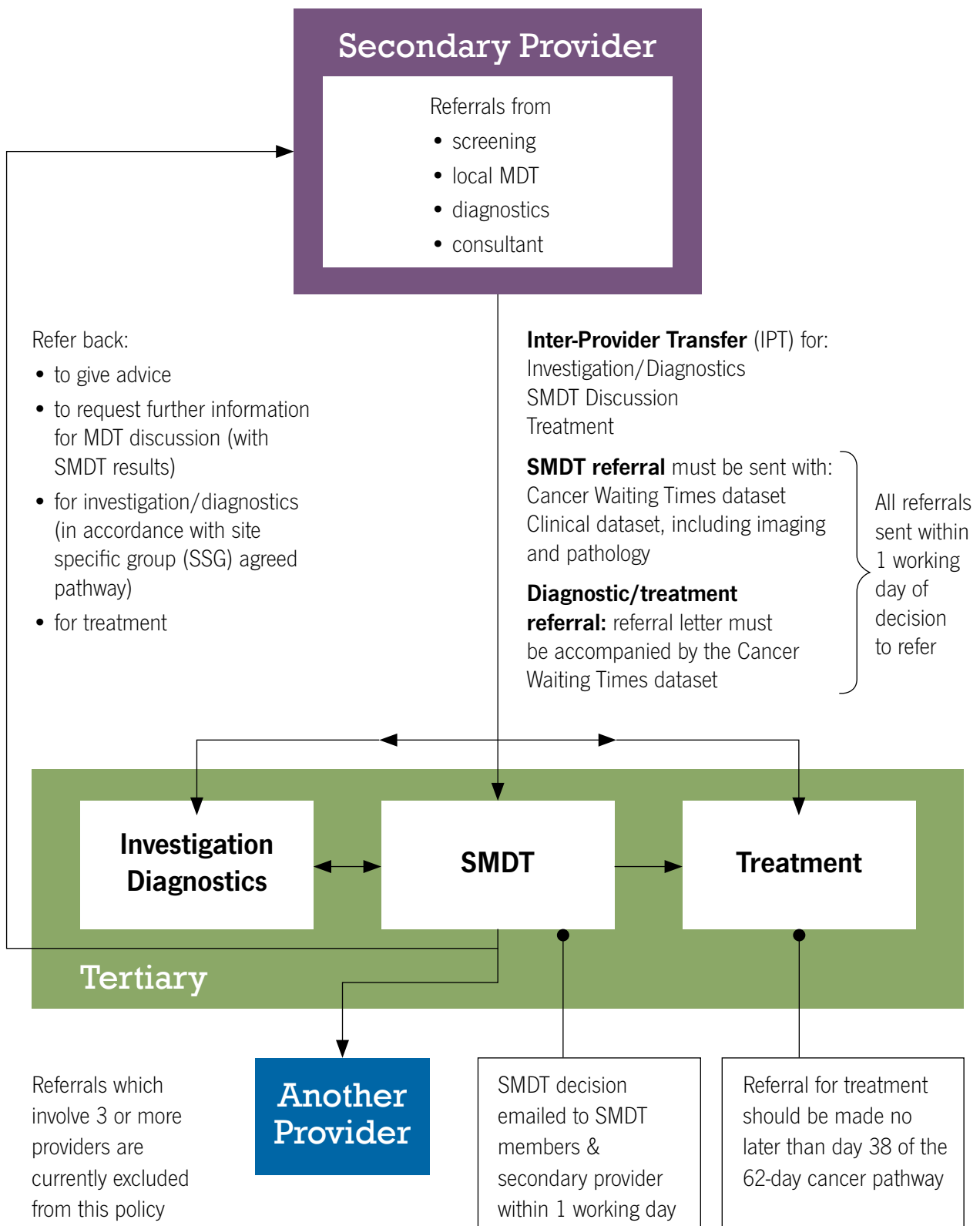


## 4 Inter-provider transfers

- 4.1 Any specialist diagnostics or treatment, requiring completion by a particular day, should be explicitly described in the pathway documentation. Whenever a patient is referred to the tertiary centre for investigation, the diagnostic intervention should be completed, and subsequent pathology reports available, within 14 days. Patients should be treated according to clinical priority as per national guidelines.
- 4.2 Discussion at MDT may be delayed if the complete clinical dataset and the MDT referral form/ clinical referral letter is unavailable.
- 4.3 Referral for diagnostics should follow the timescales specified by the pathways and be accompanied by the cancer waiting times dataset. It does not need to be sent with an SMDT referral form, unless being referred to the SMDT first.
- 4.4 In all cases, the referral for treatment should be made no later than day 38 of the 62-day cancer pathway.



**Visual representation of the pathway:**



## 5 MDT dates and contact details

- 5.1 Details of MDT dates/cut offs and contact details of MDT coordinators for each Trust in Wessex have been made available in **Appendix 3**.

## 6 Data Protection

- 6.1 Email accounts, used for information transfer, should only be accessible to relevant and appropriate personnel within each individual provider organisation. The email address must be a generic NHS.net address (email address with suffix @nhs.net) to allow secure transfer of encrypted information; both for sending and receiving information.
- 6.2 IPT to be sent via e-tertiary through the Somerset system where possible.

## 7 Patient tracking

- 7.1 It is the responsibility of all providers, to ensure systems are in place for the effective tracking and navigation, of all cancer patients.
- 7.2 Patients will be tracked by both secondary and tertiary providers, once transfer of care is accepted.
- 7.3 The tertiary provider will start to track the patient as soon as the inter-provider transfer form has been received, or the patient is listed for an SMDT meeting, whichever is sooner.
- 7.4 The MDT co-ordinator/designated person at the secondary provider is responsible for ensuring that the MDT co-ordinator/designated person at the tertiary provider is informed of any key events or changes to the target date for all patients at the designated centre that they are tracking.
- 7.5 The MDT co-ordinator/designated person at the tertiary provider is responsible for ensuring that the inter-provider transfer form is updated to reflect treatment planning, key events and changes to target dates. They must ensure they update Somerset to allow patient tracking
- 7.6 It is encouraged that the use of systems be reinforced by verbal updates between MDT co-ordinators.

## 8 Escalation of inter-provider transfers

- 8.1 Robust lines of communication, including verbal contact, should be established between all people who collect cancer waiting times data, especially for inter-provider referrals that are a regular part of a patient pathway. Queries and anomalies, in particular potential breaches, should be highlighted and resolved as quickly as possible.
- 8.2 It is recommended good practice for all providers to follow their Trust escalation policy. Prior to escalation, an initial investigation should be undertaken to determine whether or not there are any legitimate waiting time adjustments to be made and to verify that the decision to treat date is correct.

## 9 Inter-provider breaches

- 9.1 Six scenarios summary of breach allocations should be used as per CWT and summarised in table 3 below.

**Table 3: Six scenarios summary of breach allocations**

Scenario	62 Day Pathway	Investigating Provider (IP)	Treating Provider (TP)	Patient Allocation	Outcome
1	≤ 62 days	≤ 38 days	≤ 24 days	50% to IP 50% to TP	shared success
2	≤ 62 days	≤ 38 days	> 24 days	50% to IP 50% to TP	shared success
3	≤ 62 days	> 38 days	≤ 24 days	100% to TP	success
4	> 62 days	≤ 38 days	> 24 days	100% to TP	breach
5	> 62 days	> 38 days	≤ 24 days	100% to IP	breach
6	> 62 days	> 38 days	> 24 days	50% to IP 50% to TP	shared success

## 10 Referrals to a specialist MDT (SMDT)

- 10.1 Referrals to a specialist MDT should be completed in accordance with the guidelines for governance and communication between local and specialist multi-disciplinary teams
- 10.2 Referrals to a SMDT should be made within one working day of the decision to refer the patient (DTR). This applies to:
  - referrals from an LMDT to a SMDT
  - referrals to a SMDT or member of an SMDT made outside of an LMDT meeting e.g. consultant to SMDT referrals and radiotherapy referrals
- 10.3 The DTR is not a data item in the Cancer Waiting Times (CWT) dataset but should be a key trigger for referral to the SMDT. This will facilitate timely management of cancer patients and, regardless of place of treatment, will assist all organisations to comply with the CWT targets
- 10.4 It is the responsibility of the secondary provider, to put in place systems to ensure that all referrals are made within one working day of the decision to refer the patient.
- 10.5 It is the responsibility of the tertiary provider, to ensure that there are systems in place to inform the SMDT co-ordinator, within one working day of receipt of the referral so that the patient can be included in the next SMDT meeting.
- 10.6 All SMDT referrals must specify the cancer waiting time target that applies to the referral, the date the referral was made and the breach reason (if applicable).

## 11 Screening

- 11.1 Patients seen initially at the screening centre will be offered the choice of returning to their local provider for ongoing investigations/treatment.
- 11.2 The referral will be initiated after the tests have been carried out at the screening centre and the screening centre will complete a clinical referral form.
- 11.3 The provider hosting the screening centre will also complete the standardised daily inter- provider notification of transfer form, with all the relevant information for the 62 day pathway.

## 12 Document Management and Approval

Document ratification and history			
Approved by:	Cancer Waiting Times Board		
Date approved:	11/2019	Date placed on website:	12/2019
Review period:	Every 12 months, through the Cancer Waiting Times Board		
Authors:	IPT Project Group	Document Owner:	Wessex Cancer Alliance <a href="http://www.england.nhs.uk/south-east/cancer-alliances/wessex/">www.england.nhs.uk/south-east/cancer-alliances/wessex/</a>
Version number as approved and published:	1.8	Unique identifier no.:	WessexIPT

For comments / amendments to this policy please contact Wessex Cancer Alliance at [england.wessexcanceralliance@nhs.net](mailto:england.wessexcanceralliance@nhs.net)


12.1 For copies of this policy, please refer to the NHS Wessex Clinical Networks and Senate website at [www.england.nhs.uk/south-east/cancer-alliances/wessex/resources](http://www.england.nhs.uk/south-east/cancer-alliances/wessex/resources)



## Appendix 1: Inter Provider Transfer Form

62 Day Target Date	Mandatory	FirstSeenAdjReason	If Applicable
ReferralType	Mandatory	FirstSeenDelayComment	If Applicable
CancerSite	Mandatory	FirstSeenDelayReason	If Applicable
NHSNumber	Mandatory	MDTDiscussionIndicator	Mandatory
HospitalNumber	If Applicable	MDTDiscussionDate	If Applicable
Forename	Mandatory	PatientStatus	Mandatory
Surname	Mandatory	DiagnosisDate	If Applicable
DateBirth	Mandatory	PrimaryDiagnosis	If Applicable
Gender	Mandatory	TumourLaterality	If Applicable
PtAddress1	Mandatory	PtInformedDiagnosis	No
PtAddress2	Mandatory	RelativeCarerInformedDiagnosis	No
PtAddress3	If Applicable	TreatmentEventType	If Applicable
PtAddress4	If Applicable	MetastaticSite	If Applicable
PtPostCode	Mandatory	DecisionTreatOrgCode	If Applicable
RegisteredGP	If Applicable	DecisionTreatDate	If Applicable
RegisteredGPCode	If Applicable	TreatmentStartDate	If Applicable
RegisteredPracticeCode	If Applicable	TreatmentModality	If Applicable
GPAddress1	If Applicable	CareSetting	If Applicable
GPAddress2	If Applicable	ClinicalTrial	If Applicable
GPAddress3	If Applicable	TreatmentOrgCode	If Applicable
GPAddress4	If Applicable	RadiotherapyPriority	If Applicable
GPPostCode	If Applicable	RadiotherapyIntent	If Applicable
PCT	If Applicable	DecisionTreatmentDelayComment	If Applicable
PCTCode	If Applicable	DecisionTreatmentDelayReason	If Applicable
DateDeath	If Applicable	TreatmentAdj	If Applicable
Patient pathway ID	Mandatory	TreatmentAdjReason	If Applicable
PathwayIDOrgCode	Mandatory	RefTreatmentDelayComment	If Applicable
ReferralDecisionDate	Mandatory	RefTreatmentDelayReason	If Applicable
SourceReferral	Mandatory	DecisionTreatAdj	If Applicable
PriorityType	Mandatory	DecisionTreatAdjReason	If Applicable
ReferralReceivedDate	Mandatory	TertiaryReferralDate	Mandatory
ReferralType	Mandatory	TertiaryReferral	No
UpgradeDate	If Applicable	TertiaryReferralReason	Mandatory
UpgradeOrgCode	If Applicable	TertiaryReferralReasonDesc	Mandatory
FirstSeenDate	Mandatory	CWTCComments	If Applicable
FirstSeenOrgCode	Mandatory	DiagnosisComments	If Applicable
FirstSeenAdj	If Applicable		

# Appendix 2: Example EBUS request form



**University Hospital  
Southampton**  
NHS Foundation Trust

**Department of Respiratory Medicine**  
Endobronchial Ultrasound request form

Patient details Consultant:  
Out-patient / In-patient:  
Hospital:  
Date of request:

2WW     
  URGENT     
  ROUTINE BOOKING

**Indication for EBUS**  
 Underlying diagnosis:  
 Relevant past medical history:  
 Specific question to be answered:

**Specific samples requested:**  
 Cytology lymph node     
  Cytology lesion     
  FNA culture     
  FNA AAFB

<b>TB</b>	No / Yes	
<b>HIV</b>	No / Yes	
<b>Diabetic</b>	No / Yes	Insulin / Oral hypoglycaemics
<b>Warfarin</b>	No / Yes	Stopped? Yes / No
<b>Clopidogrel</b>	No / Yes	Must be stopped 4 days before bronchoscopy
<b>Aspirin</b>	No / Yes	
<b>Antibiotic</b>	No / Yes	If prosthetic valve or antibiotic prophylaxis card
<b>IHD</b>	No / Yes	Cardiac monitoring required
<b>Bronchodilators</b>	No / Yes	Severe COPD or asthma
<b>Overnight admission</b>	No / Yes	

<b>FEV<sub>1</sub></b>		L	Please attach blood results & most relevant clinic letter	<input type="checkbox"/>
<b>FVC</b>		L	Ensure images are available at Southampton General Hospital	<input type="checkbox"/>
<b>SaO<sub>2</sub></b>		%	ABG if SaO <sub>2</sub> < 93% or FEV <sub>1</sub> < 1.2L (enclose results)	<input type="checkbox"/>

Signed: \_\_\_\_\_ Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Bleep/ext: \_\_\_\_\_

Please fax this form to: 023 8120 6965 for the attention of Dr A. Banerjee, Dr D. Land, Dr A. Lekkas, Dr B. Marshall and post to Department of Respiratory Medicine, Administration Office, Level C, Minerva House, Mailpoint 52, Southampton General Hospital.

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Authorised by:      AKB              BGM              APL              DBL              Date: \_\_\_\_\_



## Appendix 3: MDT dates/cut offs and contact details

### Dorset County Hospital

Cancer site	Day of MDT	Cut off for additions	Contact Telephone	Contact Email
Lung	Tuesday 8.30am	Monday 12.30pm	01305 255968	Lung.MDT@dchft.nhs.uk
Skin	Tuesday 11am	Thursday 3pm	01305 253242	Skin.MDT@dchft.nhs.uk
Colorectal	Tuesday 1pm	Tuesday 10.30am	01305 253246	Colorectal.MDT@dchft.nhs.uk
Upper GI	Wednesday 8am	Tuesday 2.30pm	01305 254167	UpperGI.MDT@dchft.nhs.uk
Urology	Wednesday 12pm	Wednesday 9am	01305 253243	Urology.MDT@dchft.nhs.uk
CUP	Thursday 11.45am	Thursday 10am	N/A	CUP.MDT@dchft.nhs.uk
Breast	Thursday 12.30pm	Tuesday 12pm	01305 255914	Breast.MDT@dchft.nhs.uk
Haematology	Friday 8am	Thursday 1pm	01305 255517	Haematology.MDT@dchft.nhs.uk
Gynaecology	Friday 10am	Wednesday 2pm	01305 253242	Gynaecology.MDT@dchft.nhs.uk

## Poole Hospital NHS Foundation Trust

Cancer site	Day of MDT	Cut off for additions	Contact Telephone	Contact Email
Colorectal (Local)	Thursday 8am	Wednesday 12.30pm	01202 263244	colorectalmdt@poole.nhs.uk
Breast (Local)	Tuesday 8am	Monday 10.30am	01202 442050	breastmdt@poole.nhs.uk
Lung (Local)	Tuesday 1pm	Tuesday 9.30am	01202 263244	lungmdt@poole.nhs.uk
Upper GI/CUP	Monday 8.30am	Friday 11.30am	01202 442306	uppergimdt@poole.nhs.uk
Haematology (Network)	Friday 8am	Thursday 3.30pm	01202 448594	haematologymdt@poole.nhs.uk
Skin (Specialist)	Tuesday 11.30am	Monday 11.30am	01202 448144	skinmdt@poole.nhs.uk
Skin (Local)	Wednesday 12.00pm	Tuesday 10.30am	01202 448144	skinmdt@poole.nhs.uk
Head & Neck (Specialist)	Tuesday 7.45am	Monday 9am	01202 443048	Head&neckmdt@poole.nhs.uk
Gynaecology (Specialist)	Friday 8.15am	Wednesday 1.30pm	01202 442885	gynaemdt@poole.nhs.uk
Palliative Care (Local)	Tuesday 2.15pm	Monday 11am	01202 665511 ext: 3485	palliativecaremdt@poole.nhs.uk
Endocrine (Network)	Thursday 8am	Tuesday 11.30am	01202 442306	thyroidmdt@poole.nhs.uk
Brain (Local) 1 <sup>st</sup> Friday of Month	Friday 7.45am	Wednesday 11.30am	01202 442885	brainmdt@poole.nhs.uk

## Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Cancer site	Day of MDT	Cut off for additions	Contact Telephone	Contact Email
Breast	Thursday 12pm	Wednesday 3pm	01202 303626 ext: 6092	breastmdt@rbch.nhs.uk
Colorectal	Tuesday 8am	Monday 12pm	01202 303626 ext: 5408	colorectalmdt@rbch.nhs.uk
Gynae CWT	Video Link – Friday 9.30am	N/A	01202 303626 ext: 6353	No local MDT
Haematology	Friday 8am (Local) 8.30am (Network)	Thursday 3pm	01202 303626 ext: 5403	haematologymdt@rbch.nhs.uk
Head & Neck CWT	N/A	N/A	01202 303626 ext: 6353	No local MDT
Lung	Wednesday 12pm	Tuesday 2pm	01202 303626 ext: 6353	lungmdt@rbch.nhs.uk
CUP/Others CWT	N/A	N/A	01202 303626 ext: 6353	No local MDT
Skin	Tuesday 10.30am (Network) and 11am (Local)	Monday 1pm	01202 303626 ext: 5871	skinmdt@rbch.nhs.uk
Upper GI/HPB	Wednesday 8am (Local)	Tuesday 1pm	01202 303626 ext: 5870	upperGIMDT@rbch.nhs.uk
Urology	Thursday 8am	Wednesday 12pm	01202 303626 ext: 5409	urologymdt@rbch.nhs.uk

## Portsmouth Hospital NHS Trust (PHT)

Cancer site	Day of MDT	Cut off for additions	Contact Telephone	Contact Email
Breast	Monday 12.30pm & Thursday 1pm	Friday 12pm & Wednesday 12pm	023 9228 6000 ext: 4036	Pho-tr.cancermdt@nhs.net
Colorectal	Tuesday 8am	Monday 12pm	023 9228 6000 ext: 5448	Pho-tr.cancermdt@nhs.net
Dermatology / Sarcoma	Tuesday 7.30am	Monday 10.30am (Dermatology) & Friday 10:30am (Sarcoma)	023 9268 0438	Pho-tr.cancermdt@nhs.net
Gynaecology	Friday 8.30am	Wednesday 4pm	023 9228 6000 ext: 4204	Pho-tr.cancermdt@nhs.net
Haematology/ Lymphoma	Friday 11.30am	Thursday 10.30am	023 9228 6000 ext: 6389	Pho-tr.cancermdt@nhs.net
Head & Neck	Friday 8am	Wednesday 11am	023 9228 6000 ext: 5427	Pho-tr.cancermdt@nhs.net
Respiratory	Wednesday 7.45am	Monday 12pm	023 9228 6000 ext: 1384	Pho-tr.cancermdt@nhs.net
UGI	Friday 8am	Thursday 12pm	023 9228 6000 ext: 5422	Pho-tr.cancermdt@nhs.net
Urology	Thursday 12pm	Tuesday 12pm	023 9228 6000 ext: 4166	Pho-tr.cancermdt@nhs.net

## Isle of Wight NHS Trust

Cancer site	Day of MDT	Cut off for additions	Contact Telephone	Contact Email
Specialist Skin	Tuesday	Monday 10am	01983 822099 ext: 4532	IOWNT.SkinMDT@nhs.net
Lymphoma	Tuesday	Monday 2pm (UHS led)	01983 822099 ext: 4971	IOWNT.HaemMDT@nhs.net
Thyroid	Tuesday	Monday 2pm (UHS led)	01983 822099 ext: 4971	IOWNT.HeadandNeckMDT@nhs.net
Lung	Tuesday	Monday 3pm	01983 822099 ext: 5448	IOWNT.LungMDT@nhs.net
Breast	Wednesday	Tuesday 11am	01983 822099 ext: 2146	IOWNT.BreastMDT@nhs.net
Local Skin	Wednesday	Monday 3pm	01983 822099 ext: 4532	IOWNT.SkinMDT@nhs.net
Upper GI	Tuesday	Monday 4pm	01983 822099 ext: 4971	IOWNT.UGIMDT@nhs.net
Haematology	Thursday	Wednesday 12pm (UHS led)	01983 822099 ext: 4971	IOWNT.HaemMDT@nhs.net
Urology	Thursday	Wednesday 11am	01983 822099 ext: 5435	IOWNT.UrologyMDT@nhs.net
Lower GI	Thursday	Tuesday 2pm	01983 822099 ext: 5436	IOWNT.LGIMDT@nhs.net
Gynaecology	Friday	Thursday 11am (UHS led)	01983 822099 ext: 5433	IOWNT.GynaeMDT@nhs.net
Head & Neck	Friday	Thursday 2pm (PHT led)	01983 822099 ext: 4971	IOWNT.HeadandNeckMDT@nhs.net

## Hampshire Hospitals NHS Foundation Trust (Basingstoke)

Cancer site	Day of MDT	Cut off for additions	Contact Telephone	Contact Email
Gynaecology	Friday 8am	Thursday 10am	01256 473202	hh-ft.canceripts@nhs.net
Haematology	Thursday 8.30am	Wednesday 9am	01256 473202	hh-ft.canceripts@nhs.net
Head and Neck & Thyroid	Thursday 8.30am	Monday 2pm	01256 473202	hh-ft.canceripts@nhs.net
Lower GI	Thursday 8am	Tuesday 12pm	01256 314076	hh-ft.canceripts@nhs.net
Lung	Thursday 9am	Tuesday 12.30pm	01256 313909	hh-ft.canceripts@nhs.net
Lymphoma	Tuesday 11.40am	Monday 2pm	01256 473202	hh-ft.canceripts@nhs.net
NET	Wednesday 1.30pm	Wednesday 12pm	01256 473202	hh-ft.canceripts@nhs.net
Skin	Monday 12.30pm	Friday 11am	01256 473202	hh-ft.canceripts@nhs.net
Upper GI & CUP	Thursday 1.30pm	Wednesday 12pm	01256 473202	hh-ft.canceripts@nhs.net
Urology – General	Tuesday 8am	Friday 12pm	01256 313253	hh-ft.canceripts@nhs.net
Urology – Renal	Monday 8am	Thursday 11am	01256 313253	hh-ft.canceripts@nhs.net
Urology MRI	Thursday 1pm	Thursday 9am	01256 313253	hh-ft.canceripts@nhs.net

## Hampshire Hospitals NHS Foundation Trust (Winchester)

Cancer site	Day of MDT	Cut off for additions	Contact Telephone	Contact Email
Breast	Wednesday 12pm	Tuesday 12pm	01962 824211	hh-ft.canceripts@nhs.net
Gynaecology	Friday 8am	Thursday 10am	01962 824685	hh-ft.canceripts@nhs.net
Haematology	Thursday 8.30am	Wednesday 9am	01962 825454	hh-ft.canceripts@nhs.net
Lower GI	Friday 8am	Thursday 12pm	01962 825765	hh-ft.canceripts@nhs.net
Lung	Wednesday 8am	Tuesday 12.30pm	01962 824756	hh-ft.canceripts@nhs.net
Lymphoma	Tuesday 12.30pm	Monday 12.30pm	01962 825454	hh-ft.canceripts@nhs.net
Skin	Wednesday 9.15am	Tuesday 12.30pm	01962 824756	hh-ft.canceripts@nhs.net
Upper GI & CUP	Monday 8am	Friday 12pm	01962 824685	hh-ft.canceripts@nhs.net
Urology	Monday 12.30pm	Thursday 2.30pm	01962 825929	hh-ft.canceripts@nhs.net

## University Hospitals Southampton NHS Foundation Trust

Cancer site	Day of MDT	Cut off for additions	Contact Telephone	Contact Email
Anal	Tuesday 8am	Friday 3pm	023 8120 8083	UHS.AnalMDT@nhs.net
Brain & CNS Neuro	Tuesday 9.30am	Monday 10.30am	023 8120 4350	UHS.NeuroMDT@nhs.net
Breast	Wednesday 8am	Tuesday 12pm	023 8120 8843	UHS.BreastMDT@nhs.net
Colorectal	Monday 8.30am	Thursday 3pm	023 8120 4988	UHS.colorectalMDT@nhs.net
Gynaecology	Friday 8am	Thursday 10.30am	023 8120 8037	UHS.GynaeMDT@nhs.net
Haematology	Thursday 8.30am	Weds 9am	023 8120 4605	UHS.HaemMDT@nhs.net
Head & Neck	Tuesday 1pm	Monday 2pm	023 8120 6875	UHS.HeadandNeckMDT@nhs.net
HPB	Wednesday 8.30am	Tuesday 10.30am	023 8120 6386	UHS.HPBMDT@nhs.net
Lung	Thursday 3pm	Wednesday 3pm	023 8120 8083	UHS.LungMDT@nhs.net
Lung Regional/ Surgical	Tuesday 11am		023 8120 6973	SUHT.Thoracic@nhs.net
Lymphoma	Tuesday 11.30am	Monday 3pm	023 8120 5356	UHS.LymphomaMDT@nhs.net
NET (Carcinoid)	Thursday 1pm	Wednesday 3pm	023 8120 8083	UHS.NetMDT@nhs.net
Neuro Pituitary	1 <sup>st</sup> Monday 11.30am	Thursday 3pm	023 8120 5806	UHS.PituitaryMDT@nhs.net
Neuro Skull Base	2 <sup>nd</sup> & 4 <sup>th</sup> Wednesday 8.30am	Monday 2.30pm	023 8120 5806	UHS.SkullbaseMDT@nhs.net



## University Hospitals Southampton NHS Foundation Trust

Cancer site	Day of MDT	Cut off for additions	Contact Telephone	Contact Email
Neuro Spinal	Alt Friday 10.30am	Wednesday 3pm	023 8120 5806	UHS.SpinalMDT@nhs.net
OG/CUP	Wednesday 12/12.30pm	Tuesday 2.30pm	023 8120 6658	UHS.OGMDT@nhs.net UHS.CUPMDT@nhs.net
Paediatric – Solid Tumour	2 <sup>nd</sup> & 4 <sup>th</sup> Tuesday 1pm	Monday 12pm	023 8120 5503	UHS.PaedMDT@nhs.net
Paediatric – Neuro	2 <sup>nd</sup> & 4 <sup>th</sup> Thursday 8.30am	Monday 4pm	023 8120 5503	UHS.PaedMDT@nhs.net
Paediatric – Haematology	Wednesday 3pm	Wednesday 10.30am	023 8120 5503	UHS.PaedMDT@nhs.net
Paediatric – Late effects	3 <sup>rd</sup> Thursday 11am	Wednesday 12pm	023 8120 5503	UHS.PaedMDT@nhs.net
Sarcoma	Alt Friday 8am	Thursday 12pm	023 8120 6386	UHS.SarcomaMDT@nhs.net
Skin	Wednesday 3pm and Fridays 8am Week 1,3 & 5	Tuesday 10.30am  Friday N/A	023 8054 0315	UHS.SkinMDT@nhs.net
Teenage & Young Adults	Friday 2.30pm	Thursday 1pm	023 8120 4605	UHS.TYA@nhs.net
Testicular	Friday 1.30pm	Thursday 12pm	023 8120 5468 and 5805	UHS.UrologySpecialistMDT@nhs.net
Thyroid	1 <sup>st</sup> , 3 <sup>rd</sup> & 5 <sup>th</sup> Tuesday 12.30pm		023 8120 6875	UHS.HeadandNeckMDT@nhs.net
Urology	Friday 1:30pm	Thursday 12pm	023 8120 5468 and 5805	UHS.UrologySpecialistMDT@nhs.net

## Salisbury NHS Foundation Trust

Cancer site	Day of MDT	Cut off for additions	Contact Telephone	Contact Email
Breast	Thursday 12pm	Tuesday 12pm	01722 336262 Ext: 4768	shc-tr.mdt-salisburyoffice@nhs.net
Colorectal	Tuesday 9am	Friday 1pm	01722 336262 Ext: 2385	shc-tr.mdt-salisburyoffice@nhs.net
CUP	Thursday 9.30am	Tuesday 9.30am	01722 336262 Ext: 4768	shc-tr.mdt-salisburyoffice@nhs.net
Gynae (Local)	Wednesday 1pm	Monday 1pm	01722 336262 Ext: 4864	shc-tr.mdt-salisburyoffice@nhs.net
Gynae (Regional)	Friday 9.30am	Wednesday 9.30am	01722 336262 Ext: 4864	shc-tr.mdt-salisburyoffice@nhs.net
Haematology	Thursday 8.30am	Tuesday 8.30am	01722 336262 Ext: 4864	shc-tr.mdt-salisburyoffice@nhs.net
Head and Neck	Thursday 1pm	Tuesday 1pm	01722 336262 Ext: 2385	shc-tr.mdt-salisburyoffice@nhs.net
Lung	Wednesday 12pm	Monday 12pm	01722 336262 Ext: 4864	shc-tr.mdt-salisburyoffice@nhs.net
Lymphoma	Tuesday 12pm	Friday 4pm	01722 336262 Ext: 4864	shc-tr.mdt-salisburyoffice@nhs.net
Skin	Monday 8.30am	Thursday 8.30am	01722 336262 Ext: 4406	shc-tr.mdt-salisburyoffice@nhs.net
Upper GI (Local)	Tuesday 8am	Friday 8am	01722 336262 Ext: 4427	shc-tr.mdt-salisburyoffice@nhs.net
Upper GI (Regional)	Wednesday 8.15am	Monday 8.15am	01722 336262 Ext: 4427	shc-tr.mdt-salisburyoffice@nhs.net
Urology (Local)	Tuesday 1pm	Friday 4pm	01722 336262 Ext: 4235	shc-tr.mdt-salisburyoffice@nhs.net
Urology (Regional)	Friday 3pm	Wednesday 3pm	01722 336262 Ext: 4235	shc-tr.mdt-salisburyoffice@nhs.net



