Neighbourhood MDT Evaluation Toolkit

Theme | Scaling and evaluating Neighbourhood MDTs to support people with complex needs

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REASON WHY?

Why this matters:

- Neighbourhood Health Guidelines 2025/26 call for care to shift from hospital → community and for MDTs to be scaled and evaluated.
- People with complex needs are a priority cohort (small % of population, large % of hospital use/cost).
- To scale MDTs consistently a PCN-led way to measure meeting efficiency and capture outcomes over time is needed.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

By March 2026, 90% of Neighbourhood Multidisciplinary Teams across Shropshire, Telford and Wrekin will evaluate their clinical efficiency in a standardised way, evidenced using a standard evaluation tool.

PLAN

- Develop a PCN-led Multidisciplinary Team (MDT) Meeting Evaluation Toolkit to measure efficiency and outcomes.
- Align with NHS MDT Toolkit (2022) to complement governance and ways of working with impact measures.
- Pilot in South East Telford Primary Care Network (PCN), Stirchley focus. Agreed a simple monthly review cycle.
- Define measures: process (tool completion), outcome (efficiency/outcomes captured), balancing (time burden).
- Use Aristotle Risk Stratification and coding (e.g., housebound) to support consistent cohort selection.

DO

- Developed a draft Multidisciplinary Team (MDT) Meeting Evaluation Toolkit.
- Tested the draft toolkit within an existing monthly MDT meeting process in South East Telford Primary Care Network (PCN), with a Stirchley focus.
- Used Aristotle Risk Stratification and coding, including housebound coding, to support case identification and cohort selection.
- Collected pilot data from Q2 (July–September) on MDT case discussions and cohort categories.
- Gathered feedback from local staff on the draft toolkit and its practical use.
- Booked a pilot training session with the practice team in December 2025.

Challenges: SharePoint access issues at times and some agenda items added on the day.

STUDY

Baseline:

- No single standard method existed to evaluate MDT meeting efficiency or evidence impact consistently.

Early implementation data (Q2 Jul–Sep):

- 39 MDT case discussions captured.
- Cohort mix: Risk stratification 21 (54%); Mental health 9 (23%); Respiratory 5 (13%); Social issues 2 (5%); Housebound 2 (5%).

Learning:

- Housebound cases were often first identified through risk stratification, but applying the housebound code reflected increased health and social complexity.
- Cohort mix reinforced the need for strong social care and VCSE involvement.
- The pilot generated useful local learning, but it was not taken forward for wider rollout, as evaluation measures are anticipated through NHS England's neighbourhood work programme.

Category	Count	% of Total
Risk stratification	21	54%
Mental health	9	23%
Respiratory	5	13%
Social issues	2	5%
Housebound	2	5%

ACT

Decision:
The toolkit was not progressed beyond pilot, as evaluation measures are anticipated through NHS England's neighbourhood work programme.

Next steps:

- Close the pilot.
- Document learning.
- Await NHS England evaluation measures.

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