

HELPFUL HINTS AND PRACTICES FOR NHP MDT

For all operational NHP correspondence, please contact: gstt.haemoglobinpanel@nhs.net

The NHP MDT takes place on the 4th Monday or Wednesday (alternating) of the month, unless changed for bank holidays or major Haematology conferences. Dates listed on MDT webpage (<https://www.nationalhaempanel-nhs.net/the-mdt>) and the footer of the NHP Office email.

Subject (listed in alphabetical order)	Notes	Link	Last updated	Initial Log/Note
Agenda	<ul style="list-style-type: none"> • An agenda and case notes are sent to attendees in advance, but proceedings/listings may change slightly on the day. • We do not have specific time slots for each case. • We thank clinicians/referrers to please make themselves available for the full length of the meeting (1600-1800). 		03/02/2026	03/02/2026
Attending the MDT	<i>See the 'Joining the MDT meeting' section</i>		03/02/2026	03/02/2026
Biopsy, Liver	<i>See the 'Liver Assessment for Gene Therapy' section</i>		03/02/2026	03/02/2026
CTG Meetings and forms	<p>The NHP CTG (Cellular Therapy operational Group) is a subgroup of the NHP, which meets separately on a monthly basis and focusses on cellular therapy (CT) issues; Stem Cell Transplantation, Gene Therapy etc.</p> <ul style="list-style-type: none"> • The work of the CTG is to engage in outworking protocols, pathways, approving and monitoring cellular therapies, assessing and responding to 	https://www.nationalhaempanel-nhs.net/publications/general-publications/nhp-cellular-therapy-operational-group-ctg	03/02/2026	03/02/2026

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	<p>national outcomes, and curating complex CT patient discussions.</p> <ul style="list-style-type: none"> • As well as transplant/Cellular Therapy physicians, attendees who attend and add value to this gathering include red cell consultants/registrars, CNSs, Psychologists, NHSBT and other transfusion experts. • Patient cases to be discussed at the CTG will need to be initiated by referral form which is found in the link section. 			
	<p>Participating in the CTG:</p> <ul style="list-style-type: none"> • If you are interested in attending or presenting at this meeting, please let the NHP Office know. (gstt.haemoglobinpanel@nhs.net). • To refer a case to the CTG, please download a referral form (see link in next column). 	https://www.nationalhaempanel-nhs.net/publications/general-publications/nhp-cellular-therapy-operational-group-ctg	03/02/2026	03/02/2026
Frequency/Meeting Dates	<ul style="list-style-type: none"> • The NHP MDT takes place <u>on the 4th Monday or Wednesday</u> (alternating) of each month, unless changed for bank holidays or major Haematology conferences. • MDT Meeting dates are published in June/July for the year ahead. • These can be found listed on the MDT web page and also in the NHP email footer. 	https://www.nationalhaempanel-nhs.net/the-mdt	11/03/2026	03/02/2026

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Gene Therapy Information for decision	<p>This data is subject to change. Please check for updtaes or email the CTG via the NHP Office.</p> <p>There have been emerging factors and agreements in prior meetings that require some data that goes beyond the main eligibility criteria. These have required immediate/interim response/action to better ensure fitness and safety of patients being referred for gene therapy, particulalry around liver health and avoiding VOD (Veno-occlusive disease). The below are the factors that must be reported on for referring <u>all</u> gene therapy patients until clear guidelines are established.</p> <ul style="list-style-type: none"> • Liver ultrasound /MR • Conjugated bilirubin • Fibroscan for 16+ years of age <p>The above factors will determine whether the patient will require a liver biopsy.</p> <ul style="list-style-type: none"> • Head MRI/MRA in sickle cell (informing exclusion criteria regarding cerebrovascular health) 		06/07/2026	03/02/2026
Joining the MDT meeting	<ul style="list-style-type: none"> • All Panel members are automatically invited, and required, to join the monthly meetings. • Other staff requesting to join the Observer group, require approval/authorisation from their HCC Clinical Lead or Deputy. • This can be done with an email to the NHP Office with Clinical Lead/Deputy included. 		03/02/2026	03/02/2026

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Liver Assessment for Gene Therapy	<p>This data is subject to change. Please check for updates or email the CTG via the NHP Office.</p> <p>There have been emerging factors and agreements in prior meetings that require some data that goes beyond the main eligibility criteria. These have required immediate/interim response/action to better ensure fitness and safety of patients being referred for gene therapy, particularly around liver health and avoiding VOD (Veno-occlusive disease). The below are the factors that must be reported on for referring all gene therapy patients until clear guidelines are established.</p> <ul style="list-style-type: none"> • Liver ultrasound/MR • Conjugated bilirubin • Fibroscan for those over 16 <p>The above factors will determine whether the patient will require a liver biopsy.</p> <ul style="list-style-type: none"> • Head MRI/MRA in sickle cell (informing exclusion criteria regarding cerebrovascular health) <p>Thoughts/Findings to note:</p> <ul style="list-style-type: none"> • Anecdotal examples have shown that some individuals have shown hepatopathy/bridging fibrosis on biopsy, even with normal FibroScan results. • FibroScan is not validated in Sickle Cell Disorder. • FibroScan is not validated in individuals under 16 years. 		25/03/2026	03/02/2026

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	<ul style="list-style-type: none"> • It was suggested that liver biopsy may not be needed if all of the following results were un concerning: <ul style="list-style-type: none"> ○ Direct and conjugated bilirubin ○ LIC/Cardiac T2* ○ FibroScan 			
Neuropsychometric/Neuro - cognitive Testing Functions (for HSCT)	<p>When presenting a case at the NHP MDT and a case decision rests on neuropsychometric/neurocognitive testing/function, we ask for:</p> <ul style="list-style-type: none"> • Full scores for WMI, PSI, VSI, VCI, FRI and FSIQ score including percentiles • Full neuropsychometric report <p>Please ensure the data is anonymised (initials and hospital MRN - not NHS number- can be used).</p>		22/06/2026	03/02/2026
Observers/Trainees	<p>See <i>'Joining the MDT meeting'</i> section</p>		03/02/2026	03/02/2026
Outcomes	<ul style="list-style-type: none"> •The NHP aims to send outcome forms to all referring clinicians within 5 working days of the MDT. This is to aid patient record updates and validate actions. •The NHP requests feedback regarding the implementation of its recommendations and patient outcomes. A partially filled form is provided for this when your outcome is sent to you. Please do fill and return this to the NHP as it is very helpful for audits and other data requests/reports. 		03/02/2026	03/02/2026

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	<ul style="list-style-type: none"> • A summary of all case outcomes is sent to the Panel members, Observers and Referring Clinicians. 			
Referral Forms <i>[See more/related in the 'Submitting/Referring Cases' Section]</i>	Sourcing Forms: <ul style="list-style-type: none"> • Please download a form from the website whenever you need to submit a case to ensure you have the latest version. • Please save the filled form in a different name from how it is downloaded (e.g. Clark_MA_658845_GT_SCD- Clinician name + pt initials and hospital MRN category.) to assist in coherent data management on both ends. <ul style="list-style-type: none"> ○ Please do not use same/similar NHP nomenclature/structure (e.g. NWHCC001) to save/log files in your service, to avoid confusion 	https://www.nationalhaempanel-nhs.net/the-mdt	03/02/2026	03/02/2026
	Types of Forms: <ul style="list-style-type: none"> • The NHP currently has 3 pro forma for referring cases. <ol style="list-style-type: none"> 1. Gene Therapy for TDT form 2. Gene Therapy for SCD form 3. General form for all other types of cases (e.g. HSCT, Mortalities, Transfusion reactions, complex cases etc.) • The transplant referral form is undergoing review 		03/02/2026	03/02/2026
	Form data/GDPR/Information Governance		08/07/2026	03/02/2026

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	<ul style="list-style-type: none"> • Please ensure the form is anonymised but has all the relevant details. • Please do not include NHS numbers as these are sensitive identifiers and ‘considered standard personally identifiable information (PII)’ • If you are sending external reports or data (e.g. imaging, psychometric or pathology reports) please ensure this is also anonymised. • Any identifiable data provided for the transfusion history section of the form will be deleted once this has been passed on to NHSBT. Only anonymised forms are sent to attendees. • While there is a space to state ‘reason for discussion’ we thank referrers in advance for filling this as well as selecting any subsequent tick-box section for the overall category of discussion (e.g. sibling transplant, treatment toxicity etc. <p>MDT CATEGORIES (Please select as many as are relevant to help audits and data analysis)*</p> <table border="1" data-bbox="562 930 1211 1161"> <tr> <td colspan="3">Does Your referral question relate to (select below):</td> </tr> <tr> <td>1. Diagnosis <input type="checkbox"/></td> <td>2. Response assessment <input type="checkbox"/></td> <td>3. Psychosocial <input checked="" type="checkbox"/></td> </tr> <tr> <td>4. Treatment - Stem cell transplant (sibling matched) <input checked="" type="checkbox"/></td> <td>5. Treatment - Stem cell transplant (alternative donor) <input type="checkbox"/></td> <td>5. Treatment – Gene Therapy <input type="checkbox"/></td> </tr> <tr> <td>7. Treatment- Timing/Duration <input type="checkbox"/></td> <td>8. Treatment - Iron chelation <input type="checkbox"/></td> <td>9. Treatment- Other <input type="checkbox"/></td> </tr> <tr> <td>10. Toxicity/Side-effects <input type="checkbox"/></td> <td>11. Treatment/trial eligibility <input type="checkbox"/></td> <td>12. Management - complication of blood transfusion <input type="checkbox"/></td> </tr> <tr> <td>13. Management- Pregnancy <input type="checkbox"/></td> <td>14. Mortality Review <input type="checkbox"/></td> <td>15. Other: Click here to enter text.</td> </tr> </table>	Does Your referral question relate to (select below):			1. Diagnosis <input type="checkbox"/>	2. Response assessment <input type="checkbox"/>	3. Psychosocial <input checked="" type="checkbox"/>	4. Treatment - Stem cell transplant (sibling matched) <input checked="" type="checkbox"/>	5. Treatment - Stem cell transplant (alternative donor) <input type="checkbox"/>	5. Treatment – Gene Therapy <input type="checkbox"/>	7. Treatment- Timing/Duration <input type="checkbox"/>	8. Treatment - Iron chelation <input type="checkbox"/>	9. Treatment- Other <input type="checkbox"/>	10. Toxicity/Side-effects <input type="checkbox"/>	11. Treatment/trial eligibility <input type="checkbox"/>	12. Management - complication of blood transfusion <input type="checkbox"/>	13. Management- Pregnancy <input type="checkbox"/>	14. Mortality Review <input type="checkbox"/>	15. Other: Click here to enter text.	<p>https://digital.nhs.uk/services/national-data-opt-out/understanding-the-national-data-opt-out/confidential-patient-information</p> <p>https://digital.nhs.uk/services/national-data-opt-out/operational-policy-guidance-document/appendix-6-confidential-patient-information-cpi-definition</p>		
Does Your referral question relate to (select below):																						
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	<p>Confirming your case</p> <ul style="list-style-type: none"> • If you do not receive acknowledgment/allocation of your case <u>within a week of submitting</u> (or a week 		03/02/2026	03/02/2026																		

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	<p><u>of any noted NHP office leave</u>) please follow up with the NHP office.</p>			
Reserving a slot/date ahead	<ul style="list-style-type: none"> • The NHP allocate cases on a ‘first come; first served’ basis and only once a referral form is submitted. • The NHP does not reserve slots without a submitted form, due to numerous past unfulfilled or delayed submissions, creating last-minute inconvenience, particularly regarding the advance reviews required by various parties. 		06/07/2026	06/07/2026
Slides	<ul style="list-style-type: none"> • The NHP request that referring clinicians present (concise) slides for non-gene therapy cases during the meeting, so as to aid assimilation of information by attendees. • These slides also assist with the production of minutes. • Slides are not required for gene therapy cases as the form layout aims to capture key eligibility/decision-making data. • Please send your slides to the NHP office a working day before the MDT so that if you have a technical issue, the Operational Officer can then stream your slides for you with limited delay to the meeting. • Please remember to also keep information anonymous on slides. 		03/02/2026	03/02/2026

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Steroids	<ul style="list-style-type: none"> • A sickle patient requiring steroids for transfusions will not be eligible for Gene Therapy due to the reaction of the Steroids with G-CSF. • IVIg is suitable but if the patient is at risk of requiring steroids down the line, this is a substantial consideration. 		03/02/2026	03/02/2026
Submitting/Referring Cases	<p>Submitting Forms: You must submit a referral form for each case requiring discussion, even if the same matter/theme affects different patients, as each case needs to be connected to a patient. This distinct data will help the NHP monitor/report on prevalence amongst other things. See the 'Referral forms' section to see the types and access of forms.</p>		03/02/2026	03/02/2026
	<p>Submission Deadline: The latest date for submitting your form will be 14 days (10 working days) before the NHP MDT. This is to allow time for:</p> <ul style="list-style-type: none"> • Cases to be reviewed by the Chair, Deputy, NHSBT and CTG • Sufficient notice so be given to invite external specialists, if necessary 		03/02/2026	03/02/2026
	<p>Confirming your case</p> <ul style="list-style-type: none"> • If you do not receive acknowledgment/allocation of your case referral within a week of submitting 		03/02/2026	03/02/2026

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	(or a week following any noted NHP office leave) please follow up with the NHP office.			
Wait List/Capacity Demand	<ul style="list-style-type: none"> • Due to the high demand for MDT meeting slots, we may have to allocate your case to the subsequent month. • However, the NHP may also put your case on the wait list for the desired/earlier month and we often are able to discuss one or more wait list cases if the meeting finishes early or a case (or more) has been withdrawn/postponed. 		03/02/2026	03/02/2026