**Manukau Localities Diabetes MDT Checklist: “Making The Most of MDT’s”**

This checklist is to ensure a smooth facilitation process of MDT. These key elements if followed during the MDT will result in a successful engagement and outcomes for the practice team and patients.

**Locality Team:**

1. **SMO:**
2. **Locality Nurse:**

**Practise Team Contact Person:**

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| **Primary Care responsibilities: Pre MDT** | **Locality team Responsibilities: Pre MDT** |
| Identify on average 6 patients to be discussed:   * HbA1c levels > 74.9 mmol/mol * Including additional long term conditions * Identify current social issues and barriers (will allow locality teams to seek additional supports available via secondary care) | Locality nurse will email MDT template to PN who has been identified as MDT co-ordinator within the practice.  Ensure appropriate allied health teams are invited to be part of the MDT as per specific needs of the cases to be discussed.  E.g. NASC, Social Worker, Whaanau Ora and District Nurse. |
| Complete/update the MDT template | Locality team will review NHI details via Concerto. |
| Ideally email completed template to Locality Nurse at least 3 working days prior to the MDT.-doesn’t always work our practices only send through NHI’s till the very last day prior to MDT. | Locality Nurse will update SMO on NHI’s |

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| **Primary Care responsibilities: During MDT** | **Locality Team Responsibilities: During MDT** |
| A GP and PN representative who are familiar with the patients will be present | Senior Medical Officer Review previous MDT’s actions at each MDT |
|  | Locality Nurse will (if Primary Care allow) update each patient’s E Shared care notes where appropriate. |

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| **Primary Care responsibilities: Post MDT** | **Locality Team Responsibilities: Post MDT** |
| A GP or practice nurse responsible for patients care presents case for current MDT and updates patient notes on recommended actions to be followed prior to next MDT. | Locality Team to follow up and refer to secondary care teams as required for individual patient’s – ie. Maori Health, Diabetes nurse specialist. |
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| **Primary Care responsibilities: Follow Up** | **Locality Team Responsibilities: Follow Up** |
| A GP or practice nurse will follow up on the agreed actions discussed during the previous MDT. Review previous MDT’s actions at each MDT | Locality team will follow up with the practise team and review the previous MDT’s actions. |