

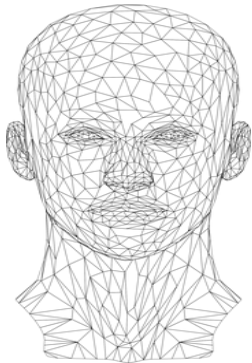
Head and Neck Workstream

(Head & Neck Cancer & Oral and Maxillofacial Services)

Programme Briefing and Key Messages

Issue 3: February 2019

Welcome to the third edition of the Head and Neck Programme briefing which aims to keep stakeholders informed and up to date about the work of the Head and Neck Steering Group by regularly providing Key Messages and requesting your comments and views.

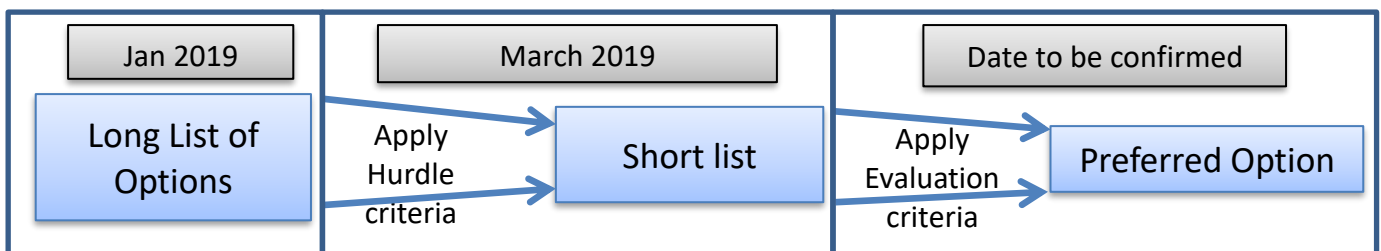


Options for delivering head and neck services in Lancashire and South Cumbria

To progress the “options appraisal” phase of this work, a workshop took place in January 2019 where representatives from head and neck services shared their suggestions for:

- options to deliver head and neck services across Lancashire and South Cumbria
- hurdle criteria – these are criteria that must be met in order for an option to be shortlisted for further consideration
- service evaluation criteria – these are criteria that enable a fuller assessment of the shortlisted options

At the next meeting of the Head and Neck Steering Group in March, attendees will be applying the hurdle criteria to the long list of options for delivering head and neck services. Completing this exercise will result in a smaller number of possible options for service delivery, which will then be worked up in more detail in preparation for applying the evaluation criteria later in the programme. The process being followed is illustrated in the diagram below:



Key Messages from the February 2019 Head and Neck Steering Group meeting

- Appropriate psychological support for head and neck conditions

Being able to access a suitable level of psychological support is vital for some people with head and neck conditions. This requirement plays a key role in improving people’s quality of life during or following treatment. A member of [The Swallows](#) described how people contacting their support organisation’s helpline can be extremely depressed due to the life changing effects of treatment and there is a significant wait (at least three months) to obtain help following a GP referral.

The national service standards do not make the provision of psychological support a “must do” and do not stipulate the level of psychological support that should be provided. It could also be challenging to make access to psychological support a must do due to the national shortage of psychologists. However, the Steering Group recognises the importance of appropriate psychological support being available and opportunities to improve this area will be explored further.

Representatives from the hospital trusts will identify what psychological support services their patients have access to and at what level as part of the Strengths and Weaknesses, Opportunities and Threats (SWOT) analysis.

- Raising awareness around head and neck conditions

Another suggestion for improving patient experience was to carry out education and awareness raising around head and neck conditions for other workforce groups that could be treating head and neck patients e.g. ambulance service, district nurses, Emergency Departments and GPs. It was felt that equipping staff in the wider workforce with a better understanding of head and neck conditions e.g. issues around diet, laryngectomies etc. would be a positive action.

In response to the discussions that took place around ways to improve the services that are provided to head and neck patients, an “issues log” will be created to record the learnings from patient experience. The log will include the issues that are out of the immediate scope of the programme and prioritise a response to them.

- Creating a single Head and Neck Multidisciplinary Team (MDT) Network Meeting

A meeting took place in January with head and neck cancer services clinicians to agree the essential and desirable elements of a good Head and Neck MDT Network meeting. Further insight is needed from radiology and pathology teams and once this is obtained a meeting with MDT co-ordinators and business managers will take place to develop the necessary actions and associated timescales and build a project plan for implementing a Head and Neck MDT Network meeting.

- Head and Neck Data Group

The first meeting of the Head and Neck Data and Analytics subgroup took place in February, chaired by Maire Morton. To date there has been participation from all four Trusts with Business Intelligence leads and Operational Managers actively involved in discussions.

The group aims to:

- Support the Steering Group to evaluate the short list of service model options
- Clearly articulate the current service and its strength and weaknesses
- Establish a baseline to measure the effectiveness of any service changes in the future

The first meeting enabled progress in the following areas:

- Agreement regarding which procedure and diagnosis clinical codes are to be included in wider analysis.
- Validate numbers of neck dissections, free flap surgeries and the number of new H&N cancer patients (excluding those with glandular tumors) from patient/MDT records

The next meeting will take place 14th March, where the group will prioritise further development of the Oral and Maxillofacial Surgery data pack. If you have any questions about the data group or would like to be involved, please contact Hayley Michell via hayley.michell@nhs.net

- Clinical lead for the Head and Neck Services Programme

Ameeta Joshi, Clinical Lead for the Head and Neck programme, is retiring from her role at University Hospitals of Morecambe Bay at the end of March. Andy Curran, the Lancashire and South Cumbria Integrated Care System’s Medical Director, asked the Acute Trust Medical Directors to circulate expressions of interest for the role.

Next meeting of the Head and Neck Steering Group

The next meeting will be a workshop on the 29th March. The focus for this meeting will be on applying the hurdle criteria to the long list of options for delivering head and neck services. The next meeting of the Head and Neck Steering Group is due to take place on Tuesday 2nd April 2019.

Questions and Queries

This briefing is for use within your own organisation and across your local system, for discussion and information. Please feel free to include it on meeting agendas and circulation lists as you see fit.

If you have any questions or queries, please contact healthier.lsc@nhs.net and we will endeavour to respond as soon as possible.