

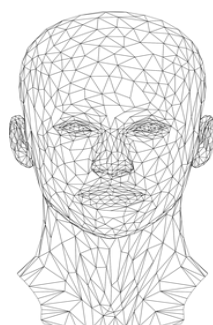
Head and Neck Workstream

(Head & Neck Cancer and Oral & Maxillofacial Services)

Programme Briefing and Key Messages

Issue 9: September 2019

Welcome to the ninth 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.



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

- Engagement event for the Head and Neck services' workforce

A second workforce engagement event is due to take place on Friday 20th September at Preston Business Centre. This is an opportunity for any member of the workforce associated with Head and Neck services – nurses, therapists, surgeons, teams supporting outpatient clinics, pre-op assessments and day case theatres sessions etc. - to find out more about the work of the programme, ask questions and share comments or concerns. If you would like to attend, please contact katiewaugh@nhs.net

- Improving engagement of the workforce with the programme

To share information and receive feedback, the programme has a dedicated Steering Group, holds engagement events and produces monthly Key Messages documents.

The Steering Group meets monthly and is made up of representatives from the different organisations and professions involved in head and neck services. The members include Consultant surgeons, Medical Directors, Clinical Nurse Specialists, business/service managers, patient representatives, commissioners and representatives from Getting it Right First Time, the Lancashire & South Cumbria Cancer Alliance and North West Ambulance Service.

If you have any questions or would like to speak with someone from your Trust about the work of the Steering Group and this programme to improve the sustainability of inpatient head and neck cancer and oral and maxillofacial surgery services, the following contacts may be useful:

Trust	Clinical lead	Business/Service Manager
Blackpool Teaching Hospitals	Ajay Nigam ajay.nigam@nhs.net	Cheryl Bailey cheryl.bailey8@nhs.net
East Lancashire Hospitals	Maire Morton Maire.Morton@elht.nhs.uk	Victoria Bateman victoria.bateman@elht.nhs.uk
Lancashire Teaching Hospitals	Shakeel Akhtar Shakeel.AKHITAR@lthtr.nhs.uk	Michael Baxter Michael.Baxter@lthtr.nhs.uk
University Hospitals of Morecambe Bay	Vicky Hadden Vicky.Hadden@mbht.nhs.uk	Nicola Blease nicola.blease@mbht.nhs.uk
Healthier Lancashire and South Cumbria	healthier.lsc@nhs.net	

To look at other ways to improve engagement with the wider workforce, meetings have taken place recently at Blackpool Teaching Hospitals Trust, East Lancashire Hospitals Trust and Lancashire Teaching Hospitals Trust with managers from the different specialist teams working with Head and Neck services e.g. nursing, radiology, theatres, therapies. The findings from these meetings will be collated and shared at the next engagement event and Steering Group meeting.

- The shortlisted options for delivering Head and Neck services

The table below presents the possible options for delivering Head and Neck services across Lancashire and South Cumbria:

Option #	Providers #	Hub (s)	INPATIENTS			
			H&N Ca (ENT & OMF) Elective	H&N Ca (ENT & OMF) Non-Elective	OMF Elective	OMF Non-Elective
2a	1	Hub site 1	●	●	●	●
2bi	1	Hub site 1	●	●	●	●
		Hub site 2	●	●	●	●
2bii	1	Hub site 1	●	●	●	●
		Hub site 2	●	●	●	●
2biii	1	Hub site 1	●	●	●	●
		Hub site 2	●	●	●	●
3ai	2	Hub site 1	●	●	●	●
		Hub site 2	●	●	●	●
3aii	2	Hub site 1	●	●	●	●
		Hub site 2	●	●	●	●
3aiii	2	Hub site 1	●	●	●	●
		Hub site 2	●	●	●	●

The only difference between models 2b and 3a is:

- 2bi, 2bii and 2biii services are managed and provided by **one** Trust
- 3ai 3aii and 3aiii services are managed and provided by **two** Trusts.

All the options are based on “hub and spoke” models. A hub site is a hospital site that provides services such as in-patient surgery and is covered by a 24/7 on-call rota. Spoke sites are hospital sites that provide outpatient appointments, day case procedures, diagnostics but do not provide the more complex treatment that is offered at a hub site.

The hub site activity also includes pre-op assessments when anaesthetic review is required, and post-op follow up if required by the patient treatment pathway that will be in place. The spoke site activity includes day case procedures, diagnostics, outpatient appointments, pre-op assessments (nurse led) and post-op follow up.

- Scoring the shortlisted options for delivering Head and Neck services

Members of Head and Neck services from across the region initially agreed a list of 33 criteria that would be used to evaluate the possible options for delivering these services.

At the August Steering Group meeting the attendees worked through this list to identify which criteria:

- cannot be answered without consideration for estates or sites
- require expertise around workforce and finance
- are closely linked to implementation pathways

It was agreed that any criteria relating to the above areas would be temporarily excluded, and then revisited during the process to determine site locations.

During the September Steering Group, members agreed the following criteria would be used to identify the preferred clinical model for delivering head and neck services:

Theme		Criteria	
B	Performance & Efficiency Impact	B3	Does the option reduce unjustified variation?
		B4	Does the option provide a unified patient access policy and improve equity of access?
D	Compliance with standards and legislation	D2	Does the option meet critical mass requirements e.g. volumes of activity?
		D3	Does the option provide care in line with evidence-based guidance and/or best practise?
		D5	Does the option meet national standards/specification?
E	Workforce Impact	E1	Does the option improve workforce sustainability: - improve recruitment and retention? - an attractive place to work?
		E2	Does the option work from an on-call rota perspective and supports the free flap rescue services and rota?

Attendees also gave suggestions for the supporting information that the scoring panel members may find useful to score the options against the above criteria.

- The timeline for arriving at the preferred clinical model

The proposed timeline for identifying and gaining approval of the preferred clinical model for delivering inpatient Head and Neck Cancer services and Oral and Maxillofacial services is as follows:

Time period	Action
04/09/19 – 20/09/19	The suggested information to support the scoring exercise will be obtained. The development of the on-line scoring system will be completed.
20/09/19	Engagement event for the Head and Neck services workforce
23/09/19 – 06/10/19	The scoring exercise takes place
07/10/19 – 10/10/19	The responses to the scoring exercise are collated and validated
11/10/19	The results and outcomes of the scoring exercise are shared at the Head and Neck Steering Group meeting.
The results and outcomes of the scoring exercise are then shared at:	
01/11/19	Care Professionals Board meeting
20/11/19	System Leaders meeting
05/12/19	Informal meeting of Joint Committee of Clinical Commissioning Groups
02/01/20	Formal meeting of Joint Committee of Clinical Commissioning Groups

During November 2019 work will also commence on developing a service specification for the preferred clinical model, applying the remaining evaluation criteria and identifying the hub and spoke sites.

Future meetings

The next meeting of the Head and Neck Steering Group is due to take place on Friday 11th October 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.