

# Head and Neck Workstream

(Head & Neck Cancer and Oral & Maxillofacial Services)

### **Programme Briefing and Key Messages**

## Issue 8: August 2019

Welcome to the eighth 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.



### - Creating a Head and Neck MDT Network meeting

Having a Lancashire and South Cumbria Head and Neck cancer MDT Network meeting would be best practice as this arrangement can:

- improve patient outcomes due to the increased experience and insight into the planning of patients' care and standardising treatment plans across the region
- improve collaborative working and peer support

Workshops have taken place this year with key staff groups to understand what elements are needed to create an effective MDT Network meeting. The findings from this work will be developed further with a view to the Lancashire and South Cumbria Head and Neck cancer MDT Network meeting being in place by December 2019.

### - Resolving issues in the OMFS service

The Oral and Maxillofacial Surgery service at Lancashire Teaching Hospitals is experiencing a number of workforce challenges that are affecting the running of a sustainable service. The Head and Neck services programme is helping to address some of these problems in the long term, but it is important to address the current situation too. The Medical Directors at Lancashire Teaching Hospitals and East Lancashire Hospitals Trust are working together and will lead on work to improve this situation via a dedicated task and finish group.

### - Head and Neck services programme workforce engagement event

A second workforce engagement event is due to take place between 4pm and 6pm on Friday 20<sup>th</sup> September at Preston Business Centre. This is an opportunity for the workforce associated with Head and Neck services to find out more about the work of the programme, ask questions and share comments or concerns. If you have not yet received a calendar invite and would like to attend, please contact <u>katiewaugh@nhs.net</u>

### - Scoring the shortlisted options for delivering Head and Neck services

In January 2019 members of Head and Neck services from across the region agreed a list of criteria that would be used to evaluate the possible options for delivering these services.

At the June Steering Group meeting attendees highlighted that it would be difficult to score the options against some of the criteria in the absence of information around the location of the hub site(s) (the Steering Group had previously agreed that, in the best interest of patients, the clinical model would be identified and defined first and then a subsequent process would identify the site(s)). For this reason, it was agreed that the criteria which needed site information in order to score them would be removed from the initial scoring exercise.





At this August Steering Group meeting the attendees were tasked with working through the thirty-three evaluation criteria to identify which ones:

- 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 the criteria identified as relating to the above areas would be temporarily excluded, and then revisited once the remaining criteria had been applied to the short-listed options to arrive at the preferred clinical model. This proposal to amend the scoring process will be discussed with Healthier Lancashire and South Cumbria's Programme Management Office.

The process is outlined in the diagram below:



The exercise resulted in the Steering Group deciding it would not be possible to score Head and Neck Cancer and OMFS services together with one score, so it was agreed that the two services would be scored separately using the same evaluation criteria. The Group also agreed that the following criteria would have an impact on scoring a clinical model:

B3 Will the option reduce unjustified variation?

B4 Will the option provide a unified patient access policy and improve equity of access?

D2 Will the option meet critical mass requirements e.g. volumes of activity?

D3 Provide care in line with evidence-based guidance and/or best practice?

D5 Meet national standards/specification?

E2 Work from an on-call rota perspective and supports the free flap rescue service and rota?

I1 Will the model contribute to expanding the evidence base for the clinical area?

On reflection it was also queried whether criterion E1: "Improves workforce sustainability: improve recruitment and retention" should also remain so the benefits and disadvantages of working in a centralised service could be assessed. This criterion would also be used when the site options were being assessed. The Steering Group members' views on this will be requested at the September Steering Group meeting.

#### Future meetings

The next meeting of the Head and Neck Steering Group is due to take place on Tuesday 3<sup>rd</sup> September 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 <u>healthier.lsc@nhs.net</u> and we will endeavour to respond as soon as possible.