The Head and Neck team continue to be a strong cohesive group. The MDT is led by Dr Sandison, consultant pathologist so all head and neck cancers are brought to the MDT even when unexpected and from local hospitals.

Over the last year we have consolidated review of pathology specimens from the West Middlesex and Northwick Park Hospitals in the MDT.

We have appointed a surgical CNS and increased the space for the joint clinic.

We have consolidated timetables so there is cover for the oral surgery review of new cases of head and neck cancer on the same day as the joint clinic.

We continue to see a large number of tertiary referral cases from other areas of London and from all over the country. We have seen patients from South Wales, Newcastle, Oxford as well as from most networks in the south of England.

The lead clinician has been on the editorial board and written chapters for the new UK consensus document for head and neck cancer, as well as the leading UK head and neck text book and we continue to enter patients into a prospective surgical trial -one of very few in the UK. We are registered as a site for the national "ART-DECO" study and will be entering patients.

MDT Lead Clinician - Mr Peter Clarke

There were 425 patients discussed in the MDT in 2010/11. 100% compliance with waiting times standards.
Cooperation of care/patient pathways

There are plans for a room in Oral surgery which will provide a place for the CNS team to meet with patients.

Catherine Lyons and Teresa Gascoigne, Head and Neck CNS team, commence the level 2 Practitioners Psychological Support training on 5 October.

Regarding advanced communication skills training, Catherine Lyons, CNS is booked to attend December 7-9th and Mr Alasdair Mace, UAT Surgeon, and Teresa Gascoigne, CNS and Lauren Murphy, Head and Neck SLT are also booked to attend in 2012.

Patient experience

An outpatient follow up survey was carried out by Katie Lyons, the new Head and Neck Surgical CNS. The questions were aimed at not just looking at how the patient felt they had been treated, but also tried to establish whether changes to the service and information provision could be made.

The survey (20 out of 30 replied) suggests that on the whole patients were happy with the treatment they received. The majority of patients surveyed had gone through the surgical pathway, and up until July this year since August 2009 there has not been a CNS who has been able to concentrate on this patient group.

The survey shows that the patients have very different needs in the amount of support and information they receive. It would also appear that on initial diagnosis patients are being seen by a number of the MDT members.

According to the results 40% of patients would like to come in for a separate pre-treatment session, and a further 30% are undecided but were not negative to the idea. On these initial findings, a trial of a pre treatment clinic would be warranted. This would allow the patient to have a more holistic assessment, than we are currently able to offer in the Head and Neck clinic, and will allow patients to have information needs tailored specifically for them. This would seem feasible if patients have 2-4 weeks before treatment commences as it allows time for them to be given an appointment slot, as these would be limited to 4-5 per week only.

A patient passport/diary should also be devised, this would include who's who in the MDT team, useful names an contacts and who to contact out of hours, and local support groups. The diary/passport could then be tailored for that patient and details written in on diagnosis and treatment plan, and additional supplementary info on surgery, chemotherapy or radiotherapy etc can be added in.

MDT patient information needs a review - The CNS team are liaising with Julian Parker, leading on patient information in CPG3 and Tatyana Guveli, Trust Cancer Patient Information lead based in CPG2.
Clinical Lines of Enquiry

National Data -
Review of DAHNO DATA -
99% of cases discussed at MDT = (Green)
11% where interval biopsy to reporting > 10 days = Green, however 73% of cases with TNM recorded = orange.
The team agreed TNM recording needs to be done in real time at MDT with screen viewed

Local Data -
Percentage of cases undergoing laryngectomy who are offered choice of primary surgical voice restoration by a speech and language therapist prior to laryngectomy being undertaken - 100%

Percentage of cases of head and neck cancer* confirmed as having any pre-operative/pre-treatment dental assessment - Estimated > 95% for RT patients and 20% for surgical patients where it is not required. The MDT suggested an audit would be required to validate.

Percentage of cases of head and neck cancer* that have undergone surgery where resective pathology is discussed in the MDT - 100%

For the above, an audit of 51 patients was carried out - a sample of those discussed at the MDM between April 1 2010 and Mar 31 2011- for whom surgery was recommended. Where the surgery was undertaken at Charing Cross and a specimen sent for histology there is a corresponding lab reference number recorded. If the patients did not receive surgery at Imperial, the reason why is recorded (e.g. referred to another appropriate team or declared unfit for surgery etc). The results showed that
43 (84%) - further pathology requested by the MDT
8 (16%) - no further pathology required (3 referred to other clinical teams, 2 not fit for surgery, 2 treated at other trusts and one treated locally- referred only to the MDT for opinion)

Unit recruiting to NCRN trial - see TWG Annual Report

Research 2010/2011- Mr P Clarke

- An exploratory study of the influence of clinico-demographic variables on swallowing and swallowing-related quality of life in a cohort of oral and oropharyngeal cancer patients treated with primary surgery.


- Nasal craniopharyngioma: case report and literature review.
- Reconstruction of pharyngolaryngectomy defects using the jejunal free flap: a 10-year experience from a single reconstructive center.

Dr Sarah Partridge, Clinical Oncologist is currently preparing a hypnotherapy study due to open soon, with charitable funding, and reflects the broader provision of complementary support.

Suzanne Evans, SLT Lead for Head and Neck, has carried out a qualitative research study in dietetics in 2011 as part of her MSc- “Exploring the experiences of gastrostomy tubes in head and neck cancer”.

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<tr>
<th>Good Practice/Significant Achievements</th>
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<td>Achievements:</td>
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<tr>
<td>- Appointment of CNS</td>
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<td>- Increase in space for the MDT</td>
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<td>- Consolidating pre treatment dental assessment with dedicated clinic parallel on a Thu morning</td>
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<td>- Commencement of prospective surgical trial looking at reducing cardiac complications</td>
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<td>- Dr Foster data showing lowest post surgical mortality rate against comparitors</td>
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<td>- PEG/RIG head and neck audits presented at national and International meetings.</td>
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<td>- PMC written chapters and on editorial board of recently published new Head and Neck National Consensus Document</td>
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SLT- Lead Clinician H&N/Oncology - Tarni Davies

- NIHR funded study commenced. Project title: An examination of the clinical utility of Fiberoptic Endoscopic Evaluation of Swallowing (FEES) as an evaluation tool in Laryngectomy and an investigation of the effect of different voice prostheses on swallowing, voice function and quality of life after Laryngectomy.

- National/international study programmes held:
  1-day Basic SVR course held bi-annually (national delegates)
  5-day Advanced Laryngectomy & SVR course hosted in conjunction with Imperial College (international delegates)

- Tertiary Laryngectomy/SVR problem solving clinic

Significant work conducted with local SLT support services in Ealing and West Middlesex Hospitals to improve continuity and quality of H&N patient care at local level

Improved CNS + AHP joint working with aim to develop multidisciplinary pre-assessment clinics
MDT Core team: Newly appointed Head and Neck Surgical CNS, working with the Macmillan CNS, which improves key worker interface across the surgical/oncology pathway. Eastman Dental may provide a representative at the MDT e.g Oral Surgeon. AHP still have some capacity issues particularly dietetics which can be included in work programme.

Concerns

Immediate Risks

Serious Concerns

Concern about Oral Max fax pathway which needs to be improved

General Comments

Organisational Statement

I, Mr Peter Clarke (Lead Clinician) on behalf of Imperial agree this is an honest and accurate assessment of the UAT & UAT/THYROID MDT.