

**Head and Neck Pathway Board Annual Plan 2014-15**

<b>Pathway Clinical Director:</b>	Gillian Hall, Consultant & Pathway Director
<b>Pathway Board Members:</b>	<p>Kerenza Graves, CNS , Bolton</p> <p>Francis Ascott SLT, CMFT</p> <p>Professor Jarrod Homer, Consultant, CMFT</p> <p>Philip Bryce, CNS, CMFT</p> <p>David Makin, Patient Lead</p> <p>Debbie Elliott, Thyroid CNS, Christie FT</p> <p>Kate Garcez, Oncologist, Christie FT</p> <p>Suzi Bonington, Consultant Radiologist, Christie FT</p> <p>Mr Manu Patel, Consultant Oral Maxillo Facial Surgeon, ECFT</p> <p>Mr Andrew Baldwin, Surgeon, PAT</p> <p>Maria Round Macmillan Head &amp; Neck CNS, PAT</p> <p>Chethan Katre Consultant, PAT</p> <p>Kate Hindley, CNS, CMFT</p> <p>Helen Doran ,Surgeon, SRFT</p> <p>Miss L. Ramamurthy Thyroid Surgeon, Stockport FT</p> <p>Mazhar Iqbal Maxillo Facial Surgeon, UHSM</p> <p>Miss Susi Penney , Consultant ENT surgeon, Tameside FT</p> <p>Cath Cameron Head and Neck Cancer Nurse Specialist, WWL</p> <p>Mr V Pothula, Consultant Head and neck surgeon, WWL</p> <p>Katie Foster, Dietician SRFT</p>
<b>Pathway Manager:</b>	Hodan Noor
<b>Date agreed by Pathway Board:</b>	

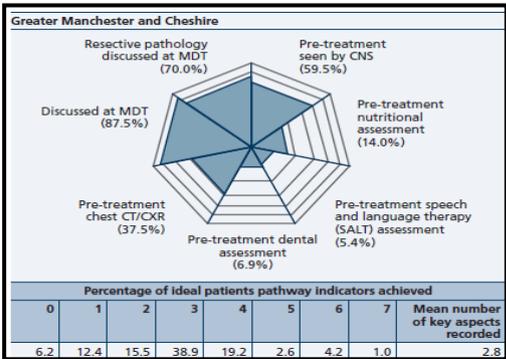
<b>Date agreed by Medical Director:</b>	
<b>Review date:</b>	

<b>No</b>	<b>Objective</b>	<b>Alignment with Provider Board objectives</b>
1	Improve all aspects data recording for Head and Neck patients by 31 <sup>st</sup> March 2016	<b>Improve survival rates and patient experience</b>
2	Ensure patient is able to fully access all aspects of care pre, during and post treatment and is fully informed by 31 <sup>st</sup> of March 2019	<b>Patient Experience</b>
3	Improve education for public, patients and referrers to the service 31 <sup>st</sup> March 2019	<b>Improve survival rates and patient experience</b>
4	Actively engage in Research year on year	<b>Research and innovation</b>

**Summary of objectives**

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**Objective 1:** Improve all aspects of data recording for Head and Neck patients by 31<sup>st</sup> March 2016

<p><b>Objective:</b></p>	<ul style="list-style-type: none"> <li>• To assess the current practice of data flow in MDTs and identify new models of collection and recording to support Trusts and the Pathway Board, in an attempt to meet national standards and provide evidence of a quality service.</li> <li>• Identify measures outside of the national requirements to provide more up to date local intelligence to gain additional understanding of the current services.</li> <li>• To extract data from current systems to assess current stage of disease at presentation and to then collect similar staging data yearly – to allow assessment of impact of educational program with intention that disease is picked up earlier</li> </ul>
<p><b>Rationale:</b></p>	<p><i>What was the Pathway Board's motivation for choosing this objective? What is the expected impact on the quality and experience of patient care and on the health of the wider population?</i></p> <p>The National Head and Neck Cancer Audit is commissioned and by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), and developed in partnership with the British Association of Head and Neck Oncologists (BAHNO).</p>  <p>The DAHNO and the National Patient Survey findings was discussed at the board meeting in June 2014 which influenced members' views on the work programme and the way forward, the data below describes the finding of the eight annual report published in 2013.</p> <p>468 patients were captured during 2012. Of the registered patients only 20% reported some form of pre-treatment contact. 5.4% reported speech and swallowing assessment 10% reported dietetic services 6% reported dental assessments, 0% Reported chest imaging (CXR or CT) prior to MDT 37.5% reported chest imaging (CXR or CT) prior to cancer care plan, 84% T NM staging recorded in 2012</p> <p>For many years, DAHNO data has shown what appears to be poor performance for the Greater Manchester and Cheshire particularly regarding completeness of TNM staging information and clinical lines of enquiry. The data paints a poor picture of the presence of supportive care across ranging disciplines including dieticians, speech and language therapy and dental care and suggests absence of CNS at the time of breaking of bad news.</p>

	At present, independent items collected at time of diagnosis, at the MDTs and in treatment centres are not joined and in many instances are not collected by the same database. Specifically the Central and South MDTs are hosted by the Christie but owned by CMFT and UHSM and the databases used between those sites are not the same.
<b>By (date):</b>	<p><i>What is the target date for completion?</i></p> <p>The assessment and optional appraisals for new models of data collection will be completed by 31<sup>st</sup> of March 2015. The buy-in, implementation and delivery of the suitable option will be undertaken post March 2015.</p>
<b>Board measure(s):</b>	<p><i>Which of the Pathway Board's key measures will show it that the objective has been met?</i></p> <p>Optional appraisals produced by the members are the key measure to confirm the objectives has been met.</p>
<b>Risks to success:</b>	<p><i>What factors will hinder or prevent the Board's ability to achieve the objective? How will these risks be mitigated?</i></p> <p>No risks identified</p>
<b>Support required:</b>	<p><i>What support does the Board need from Manchester Cancer to deliver its objectives and implement its vision?</i></p> <p>The board aims to utilise existing operational support of the Pathway Manager to facilitate the development of the data collection models. Any proposals that require considerable changes to Trust data collection infrastructure will be share with the Provider Board to seek advice.</p>

<b>Work programme</b>		
<b>Action</b>	<b>Resp.</b>	<b>By (date)</b>
Set up virtual sub group		August

Devise a data review proforma and observe current process		Sept
Identify key measure above and beyond national requirements		
Review of 5 randomly selected patients data files per MDT by Pathway Manager		Sept
Report		Oct
Solutions and model of approach		Oct
Present to the pathway board		Nov

**Objective 2:** Ensure patient is able to fully access all aspect of care pre, during and post treatment of Head and Neck.

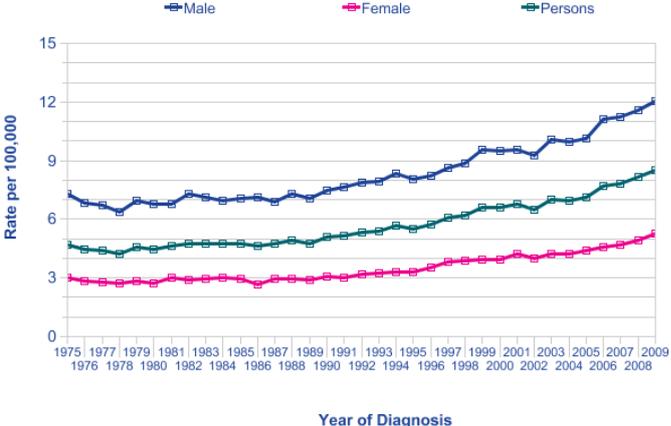
<p><b>Objective:</b></p>	<ul style="list-style-type: none"> <li>• Map current service provision with respect to CNS, dieticians, speech and language and dental care from diagnosis through to follow-up to identify gaps and inequities.</li> <li>• To assess organisation of the above services, ease of cross referral and flow of information.</li> <li>• To assess availability, quality of patient information and appropriateness</li> <li>• To fully engage with the Living with and Beyond and Palliative Care service mapping to ensure full assessment of Head and Neck delivery of care.</li> </ul>
<p><b>Rationale:</b></p>	<p><i>What was the Pathway Board’s motivation for choosing this objective? What is the expected impact on the quality and experience of patient care and on the health of the wider population?</i></p> <p>During the June 2014 board meeting, the national patient survey results where shared, with specific questions to address outliers and low scores. With the finding the board identified a list of interventions to be developed as a project to address the concerning areas.</p> <p><b>Patient information:</b> Based on the results patient information prior to treatment and side effects score lower in some cases than the national average, however generally the scores are predominantly low. The board aims to achieve over 90% to improve patient experience by analysis and address the information giving quality and process.</p> <p><b>Patient view and care planning:</b> The board welcome close working relationship with the Palliative Care, Living with and Beyond Cancer pathway boards and will engage in the mapping of service provision which will address the assessment and care planning including the Psychological support findings. The board will take forward any recommendations from the mapping exercise to ensure improvements are made.</p> <p>Of the registered patients on the <b>DAHNO audit</b> only 20% reported some form of pre-treatment contact. 5.4% reported speech and swallowing assessment 10%</p>

	<p>reported dietetic services 6% reported dental assessment. Processing mapping service provision and identifying variations and good practice will enable the board to identify gaps in service and standardise practice.</p>
<p><b>By (date):</b></p>	<p><i>What is the target date for completion? If completion is expected beyond 2014/15 what progress is expected in year? If a phased approach is to be taken indicate this here.</i></p> <ul style="list-style-type: none"> <li>• A gap analysis of service provision prior to treatment report</li> <li>• A report on service provision post treatment and the level of engagement with the recovery package and palliative care including the last days of life.</li> </ul>
<p><b>Board measure(s):</b></p>	<p><i>Which of the Pathway Board's key measures will show it that the objective has been met? What are the performance standards that will be expected?</i></p> <p>A gap analysis of service provision and models of new approaches to be completed by 31<sup>st</sup> March 2015</p> <p>The service mapping post treatment will be led by Palliative Care and Living with and Beyond Pathway Board key measure is to fully engage and comply with the timeframe set for completions of information requested.</p>
<p><b>Risks to success:</b></p>	<p><i>What factors will hinder or prevent the Board's ability to achieve the objective? How will these risks be mitigated?</i></p> <p>No risks identified</p>

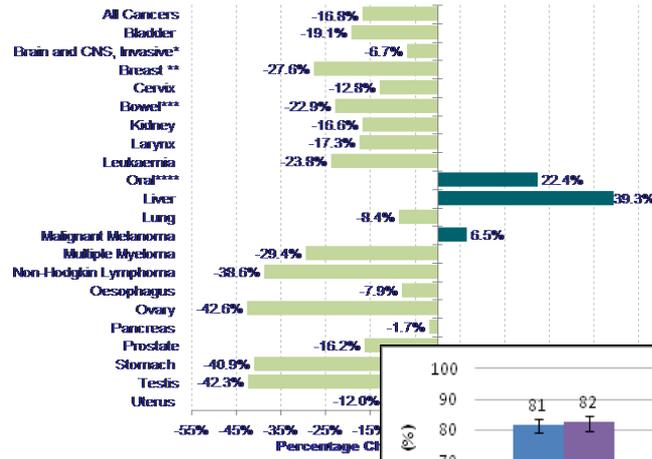
<b>Support required:</b>	<p><i>What support does the Board need from Manchester Cancer to deliver its objectives and implement its vision?</i></p> <p>The board aims to utilise existing operational support of the Pathway Manager to facilitate the development of this objective. Any proposals that require considerable changes to Trust infrastructure or require capacity will be share with the Provider Board to seek advice.</p>
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<b>Work programme</b>		
<b>Action</b>	<b>Resp.</b>	<b>By (date)</b>
For a sub group from members and non-members of the pathway board		Sept
Mapping of service		Sept- January
Report on gaps and good practice		February
Proposal for models and new approach		March
Presentation to the pathway board		March

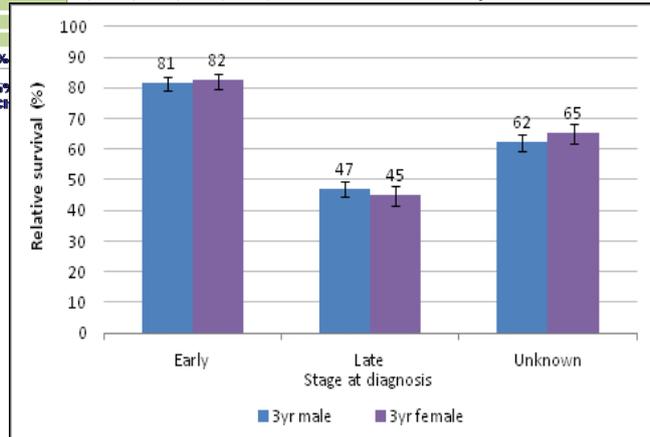
**Objective 3:** Improve education for public, patients and referrers to the service.

<p><b>Objective:</b></p>	<p>The main driver for improving patient outcome is by improving early detection and diagnosis. This can be achieved by;</p> <ul style="list-style-type: none"> <li>• Liaising with the prevention, early detection and screening Pathway Board</li> <li>• Providing primary care (GP, GDP) education on key tips for early detection yearly.</li> <li>• Ensure referral guidelines and proformas are up to date, accessible and easy to use.</li> <li>• Develop visual aids/handbook of early signs to improve confidence and knowledge.</li> </ul>
<p><b>Rationale:</b></p>	<p><i>What was the Pathway Board’s motivation for choosing this objective? What is the expected impact on the quality and experience of patient care and on the health of the wider population?</i></p> <p>According to the Cancer Research UK changing Incidence and Mortality Predictions for Oral Cancer (includes oropharyngeal but not laryngeal) has increased from 5 to 9 per 100,000 with the highest increase during 1997 to 2009.</p>  <p>Oral cancer motility rate is predicted to increase by 22.4% by 2030.</p>

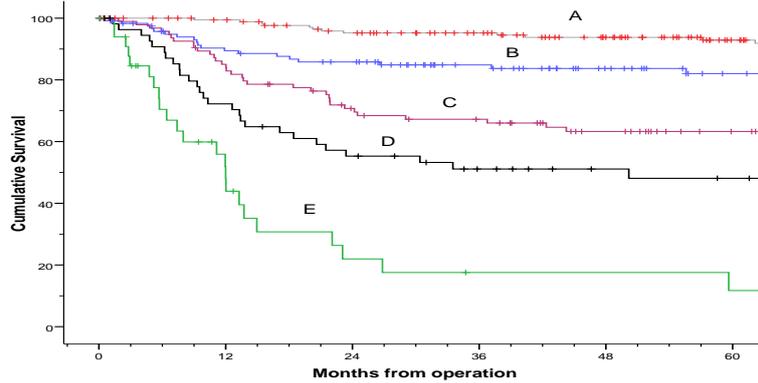




3 year survival by stage data from the National Cancer Intelligence Network (NCIN) shows that early diagnosis doubles the survival rate of oral cavity cancer.



Survival following surgery +/- post op radiotherapy for oral cavity cancer taken from Rogers SN, Brown JS, Woolgar JA et al. Survival following primary surgery for oral cancer. Oral Oncol 2009; 45(3): 201-11)



Key:

*Red line, low T stage and NO (early stage)*

*Green line, bulky primary and nodal metastases (high T and N, late stage)*

*Other lines, intermediate stage at presentation*

Providing primary care (GP, GDP) education on key tips for early detection as a yearly programme and linking in with the Manchester Cancer GP education series will begin the on-going journey of raising awareness of early detection.

Review the referral guidelines and proformas are up to date, accessible and easy to use will also improve the response time and support early diagnosis. Supporting this with interactive visual aids/handbooks will also to improve confidence and knowledge.

**By (date):**

*What is the target date for completion? If completion is expected beyond 2014/15 what progress is expected in year? If a phased approach is to be taken indicate this here.*

Engaging with the education series has already begun delivery education to Primary

	<p>Care Dental services and the annual programme will be delivered within this financial year.</p> <p>The reviewing of referral guidelines will also be completing by 31<sup>st</sup> March 2015 however, the visual aids/handbook will require some scoping with the support of patients and primary care staff and identify any potential invest in this financial year however the finished products will not be reported until 2016.</p>
<b>Board measure(s):</b>	<p><i>Which of the Pathway Board's key measures will show it that the objective has been met? What are the performance standards that will be expected?</i></p> <p>Below are the key performance indicators to assess the delivery of the board objectives this financial year;</p> <ul style="list-style-type: none"> <li>• 3 GP education sessions per year across Greater Manchester and Cheshire areas annually</li> <li>• 1 Primary Dental practitioner education session annually.</li> <li>• Proposal for visual aids/handbook</li> <li>• Reviewed guidelines and promoted the information to primary care services.</li> </ul>
<b>Risks to success:</b>	<p><i>What factors will hinder or prevent the Board's ability to achieve the objective? How will these risks be mitigated?</i></p> <p>None identified</p>
<b>Support required:</b>	<p><i>What support does the Board need from Manchester Cancer to deliver its objectives and implement its vision?</i></p> <p>The board aims to utilise existing operational support of the Pathway Manager to facilitate the development of this objective. Any proposals that require considerable changes to Trust infrastructure or require capacity will be share with the Provider Board to seek advice.</p>

<b>Work programme</b>		
<b>Action</b>	<b>Resp.</b>	<b>By (date)</b>

Deliver GP education		Nov/Dec
Identify needs of GP and GDP		Sept
Develop visual aids		March
Support the findings of the Prevention, early detection and screening pathway board.		

### **Appendix: Manchester Cancer Provider Board objectives**

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The Manchester Cancer Provider Board has identified the themes of its three key objectives. The precise wording of those objectives remains to be confirmed.

- 1. 1-year SURVIVAL:** Focus on improving 1-year pooled cancer overall survival rate, so that we halve the survival gap with the world's best (Sweden) for patients diagnosed in 2020, and approach their figures by 2025
- 2. Patient EXPERIENCE:** Achieve year-on-year improvement in patient experience aspiring to be the best performing conurbation in the National Cancer Patient Experience Survey
- 3. RESEARCH and INNOVATION:** Increase patient involvement in research (>40% by 2019) and be an international leader in developing innovation in clinical practice