Northern England
Strategic Clinical Networks

Head and Neck NSSG

Annual Report

2015

Document Information

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This Annual Report has been agreed by:

Position:	Head and Neck NSSG Chair
Name:	Dr E Aynsley
Organisation:	South Tees NHS FT
Date Agreed:	09.06.15

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Date Agreed:	17.06.15

Position:	Medical Director
Name:	Dr M Prentice
Organisation:	NHS England in Cumbria and the North East
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NSSG members agreed the Annual Report on:	
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1 Introduction

This report relates to the operational period January to December 2014. This period has seen a number of issues, challenges and successes as outlined in this report.

The NSSG met three times during 2014.

In the run up to the introduction of Strategic Clinical Networks (SCNs) we have committed to continue to function however the new NHS framework will function, despite the likelihood of slimmed-down support staff once SCNs are introduced. Through the Networks ongoing tri-annual meetings we will continue to strive to maintain the high standards of care that are offered to patients across the region and adhere to the national guidelines document that was published in September 2011.

The Network consists of a large geographical area that offers care through three Head & Neck (H&N) Multi-Disciplinary Teams at the Freeman Hospital in Newcastle, Sunderland Royal Hospital and James Cook University Hospital in Middlesbrough. Cumberland Infirmary continue to provide their service as a satellite MDT from the Freeman Hospital and all units continue to approach their roles with co-operation across sites to enable treatment within reasonable travelling distance of patients homes. Indeed the Network is fortunate to have a collective group of individuals that continue to demonstrate excellent interpersonal relationships that is for the betterment of the patients across the region.

NuTH commenced the Transoral Robotic Surgery programme in May 2013. They have successfully incorporated this into the treatment pathway for head and neck cancer patients. About 50 patients have been operated on and the experience and outcomes have been presented at 1 international meeting and 2 national meetings.
This encouraging experience has been a catalyst for commencing the TORS programme at other centres in the region. With all three centres having acquired the equipment, it is hoped that the service will be operational in all centres by the end of 2015

2 Key Challenges

- Patient representation - CNSs present agreed to consider additional patient representation on this group
- Equity of provision for IMRT across the region
- Scrutiny of Local Support Teams.

3 Key Achievements

- Completion of the audit for the collection for the 2nd cycle of the Network audit regarding the use of gastrostomy tubes
- CNS audit
- HPV testing as standard for all oropharyngeal cancer patients at Sunderland & Newcastle/Cumberland MDTs'
- Increasing number of NIHR portfolio studies recruiting patients across the region and recruitment to existing studies at an all time high
- Continued engagement with the Thyroid sub-group
- Collaborative working between local support teams

4 14-1C-105i, NSSG Meetings

The Network Site Specific Group has met on three occasions over the previous year. A full breakdown of NSSG attendance for the year is included in Appendix 1.

5 Activity Overview / Waiting Times

Data is derived from Open Exeter Waiting Times System. Cancer Waiting Times data is extracted from Open Exeter report data, which presents a snapshot of activity within a given time period. Treatments data is extracted from the active cancer waiting times database and therefore may not correspond exactly with reported data, due to amendments entered after report generation.

Treatment Summaries for Head & Neck Cancers – 2014

First Treatments – by Quarter: January – December 2014

	First Treatments						
	NESCN - All Trusts						
	Surgery	Drugs	Radiotherapy	Palliative	Other	Total	All Treatment Declined
Jan-Mar	108	5	48	14	0	175	0
Apr-Jun	105	3	43	20	0	171	0
Jul-Sep	97	3	54	20	0	174	0
Oct-Dec	93	2	50	30	0	175	0
Totals	403	13	195	84	0	695	0

Subsequent Treatments – by Quarter: January – December 2014

	Subsequent Treatments						
	NESCN - All Trusts						
	Surgery	Drugs	Radiotherapy	Palliative	Other	Total	All Treatment Declined
Jan-Mar	50	14	57	5	13	139	0
Apr-Jun	45	8	78	3	23	157	0
Jul-Sep	62	9	60	4	16	151	0
Oct-Dec	45	2	66	4	22	139	0
Totals	202	33	261	16	74	586	0

Cancer Waiting Times Performance – 2014 by Trust

Performance – 14 Day Standard – GP/GDP referrals for suspected cancer

Head & Neck	Total Referrals	Seen in 14 Days	Breaches (seen > 14 days)	Performance %
South Tyneside FT	266	258	8	97.0
City Hospitals Sunderland FT	1525	1462	63	95.9
University Hospitals of North Cumbria	1263	1195	68	94.6
Gateshead Health Care FT	433	368	65	85.0
The Newcastle Hospitals FT	2861	2809	52	98.2
Northumbria Healthcare FT	27	27	0	100.0
South Tees Hospitals FT	1822	1736	86	95.3
North Tees & Hartlepool FT	59	55	4	93.2
Co Durham & Darlington FT	991	967	24	97.6
Total - NECN	9247	8877	370	96.0

Performance – 31 Day Standard – first definitive treatments

Head & Neck	Total Treatments	Treated within 31 Days	Breaches (treated > 31 days)	Performance %
South Tyneside FT	1	1	0	100.0
City Hospitals Sunderland FT	107	107	0	100.0
University Hospitals of North Cumbria	64	63	1	98.4
Gateshead Health Care FT	2	2	0	100.0
The Newcastle Hospitals FT	257	254	3	98.8
Northumbria Healthcare FT	7	7	0	100.0
South Tees Hospitals FT	210	207	3	98.6
North Tees & Hartlepool FT	16	16	0	100.0
Co Durham & Darlington FT	30	30	0	100.0
Total - NECN	694	687	7	99.0

Performance – 31 Day Standard – subsequent treatments

Head & Neck	Total Treatments	Treated within 31 Days	Breaches (treated > 31 days)	Performance %
South Tyneside FT	0	0	0	0.0
City Hospitals Sunderland FT	74	74	0	100.0
University Hospitals of North Cumbria	55	51	4	92.7
Gateshead Health Care FT	0	0	0	0.0
The Newcastle Hospitals FT	245	242	3	98.8
Northumbria Healthcare FT	0	0	0	0.0
South Tees Hospitals FT	203	200	3	98.5
North Tees & Hartlepool FT	3	3	0	100.0
Co Durham & Darlington FT	8	8	0	100.0
Total - NECN	588	578	10	98.3

Performance – 62 Day Standard – from urgent referral to first treatment

Head & Neck	Total Treatments	Treated within 62 Days	Breaches (treated > 62 days)	Performance %
South Tyneside FT	5	4	1	80.0
City Hospitals Sunderland FT	57	54.5	2.5	95.6
University Hospitals of North Cumbria	28	23	5	82.1
Gateshead Health Care FT	10	9.5	0.5	95.0
The Newcastle Hospitals FT	110	94.5	15.5	85.9
Northumbria Healthcare FT	0.5	0.5	0	100.0
South Tees Hospitals FT	117	78	39	66.7
North Tees & Hartlepool FT	11	9	2	81.8
Co Durham & Darlington FT	23.5	13.5	10	57.4
Total - NECN	362	286.5	75.5	79.1

6 14-1C-115i, Network Audits

Audit 2014

National Head and Neck Cancer Audit (DAHNO)
The 9th DAHNO report was published in July 2014 and reports on patients diagnosed between 1st November 2012 and 31st October 2013.

In terms of network trust performance in the audit:

- A higher percentage of patients achieved six aspects of the ideal pathway than nationally.
- Recording of risk adjustment factors is good in the network – higher than the national average in each case.
- Final pre-treatment T&N staging completeness for the network is over 90% (ranked 5).
- Comorbidity completeness in the network is also above the national average (ranked 3).
- The network has the highest % of cases where post respective staging is complete.
- Although higher than the national average just over 50% of patients in the network have a CNS present at breaking of bad news; however over 70% see a CNS before treatment.
- Over 90% of cases have imaging prior to treatment in the network compared to 80% nationally.
- Network mortality is in line with the national average.
- The proportion of patients discussed at MDT is high in the network, both pre and post treatment.

The full report can be found on the NESCN website
Head & Neck NSSG 9th DAHNO National Audit Report 2014

CNS Activity Audit
The Head and Neck Nurses Group carried out a prospective audit of nurse activity to provide comparable data across the network. CNSs recorded activities over a four week period and compared results. Activity that was planned but not carried out was also recorded. Audit results were presented to the NSSG group in 2014.

Gastrostomy Audit
This ongoing audit is almost completed and findings will be presented in 2015

Other outputs from the network audit:
Two papers, one published and one in press, both of which have been presented at a national and international meeting each (see attached papers and posters):

1. Khan MK, Patterson J, Owen S, Rees S, Gamberini L, Paleri V; The North of England Cancer Network Audit group. Comparing the Performance Status Scale and MD Anderson Dysphagia Inventory as swallowing outcome measures in head and neck cancer: a prospective cohort study. Clin Otolaryngol. 2015 Jan 7. doi: 10.1111/coa.12369. [Epub ahead of print] PubMed PMID: 25581425.

2. Hand Grip Strength does not correlate with treatment related weight loss in Patients with Head and Neck Cancer. J Laryngol otol (in press)

Link to Head & Neck NSSG Audits on Website

Audit 2015

- **Peg Audit Presentation** ***to be presented at the June Meeting***
- **Admission of patients receiving chemo-radiotherapy or radiotherapy** ***was presented at March Meeting***

7 14-1C -115i Clinical Outcomes/Indicators

Key Points - Derived from 2013/14 Head & Neck Cancer Service Profiles (CCT) – published March 2014

- Almost 500 cases submitted to the National Head & Neck Audit in 2011 by 5 network trusts that provide a service. This equates to about 8.5% of all audit cases, the network population is almost 7% of the England population, suggesting that there is higher incidence than nationally in the network population.
- There were almost 400 newly diagnosed patients per year across network trusts in 2010. This is almost 9% of total diagnosed in England – again this is slightly higher than the network population.

Demographics

- 41% of patients diagnosed in network trusts are aged 70+ and this is above the England average of 38% – trust values range from 29% at North Cumbria to 44% at Sunderland.
- Levels of ethnicity recording are high – over 90% in all trusts; typically very small numbers of patients are recorded as not White British - less than the England average of 10%.
- Generally a higher proportion than the national average of patients treated in the network are income deprived. Trust values range from 14% at North Cumbria to 21% at South Tees - nationally the rate is 16%.
- 68% of those treated across the network were male, with trust values ranging from 63% in South Tees to 74% in North Cumbria – the national average is 68%.

Throughput

- In 2011/12 there were a total of 6,313 urgent GP referrals for suspected Head & Neck cancers in trusts submitting to DAHNO, about 9.5% of the total in England – and representative of the network caseload.
- Nationally it is estimated that 7% of cases in 2011/12 were emergency presentations; across the network trust values range from 2% at North Cumbria and South Tees to 20% at Co Durham & Darlington, but it should be noted that numbers in this cohort are small.

Waiting Times

- Latest published data (Q3 2014/15) for cancer waiting times shows that all network trusts except Gateshead which was marginally below, exceeded the operational threshold for the 14 day target.
- For the 31 day target for first treatments all achieved the operational threshold of 96% - with most patients seen within the target 31 days.

- The 62 day target for those patients urgently referred for suspected cancer presents more of a challenge, and a number of trusts, and the network aggregate, are below the operational threshold of 85% in this period - but numbers are very small in some cases.
- Experimental data for conversion rates (GP urgent referrals diagnosed with cancer) range from 4% at Newcastle to 6% at Co Durham and South Tees – compared to a national average of 4% - rates are derived from cancer waits data for 2013.
- 45% of cases treated in 2011/12 nationally were urgent GP referrals – network trust rates range from 41% at Newcastle to 60% at North Cumbria.

Practice

- Nationally 93% of patients were discussed at MDT – the network average is slightly higher than this with trust values ranging from 95% at South Tees to 99% at Newcastle.
- 83% of patients discussed at MDT had a TMN staging evident nationally – for network trusts values are 100% with the exception of North Cumbria and South Tees with values of 93% and 97% respectively.
- Cases where the interval between biopsy and reporting is less than 10 days vary; nationally this applied to 87% of cases, across the network values range from 4% at North Cumbria to 96% at Sunderland.
- Nationally 23% of patients were confirmed as having pre-treatment dietetics assessment – all network trusts exceed this with values ranging from 32% at North Cumbria to 58% at South Tees
- 23% of patients were confirmed as having pre-treatment dental assessment – uptake is variable across network trusts ranging from 2% at North Cumbria to 87% at Newcastle.

8 14-1C-116i, Annual Discussion of Clinical Trials

Please see Appendix 2 for the agreed list of trials and recruitment for both research networks.

Mrs Penny Williams Research Delivery Manager Division 1 (Cancer) Clinical Research Network: North East and North Cumbria (CRN:NECN) represent NIHR at the Head and Neck NSSG meetings

For patients between the ages of 19 and 24 years research participation and clinical trials will also be discussed at the Children and Young Persons NSSG held separately.
In line with the NIHR strategic aims and objectives, we continue to ensure that commercial trials are prioritised within the haematology portfolio.

CRN:NENC has a good working relationship with the NSSG and Network and continues to work to promote the integration of research into routine practice and ensure there is equity of access to clinical trials for patients across our large geographical area. A list of clinical trials is available on the NESCN website.

At the NSSG meeting on 4 April 2015 (see Appendix 3) the following were formally agreed as a programme of improvement (see Appendix 4).

9 14-1C-114i Patient Experience

The user representative of the Head and Neck NSSG is Marjorie Leckonby. She is invited to and actively participates in meetings. Relevant issues are reported back to the NESCN Patient and Carer Group for comments and feedback. User involvement is actively encouraged and promoted throughout the NESCN.

Patient Survey Results 2014 - Head & Neck

6 trusts received responses but due to small numbers only Sunderland, South Tees and Newcastle responses are reported. Overall there were fewer responses than last year's survey.

Key aspects of better experience:

- Levels of satisfaction are generally very high across reported trusts with a high proportion of overall responses rated in the top 20% nationally.
- Results for South Tees are excellent with two thirds of responses ranked in the top 20% nationally.
- Over 90% of patients at reported trusts rated their care as excellent or very good.
- Generally levels of satisfaction are high with both verbal and written information provided throughout the pathway.

Areas for improvement:

- There is some variability in levels of satisfaction in terms of privacy dignity and respect and the group should consider how this might be improved.
- Levels of satisfaction with emotional support provided by hospital staff are also lower than with other parts of the pathway.
- Satisfaction with collaboration between primary and secondary care is also variable and the group should consider whether learning might be shared with those trusts where satisfaction levels are higher.

Key Results:

- Overall levels of satisfaction are generally high across all areas of the patient pathway for this tumour group.
- Discussion about clinical trials and uptake is low across reported trusts, but awareness of information is high, suggesting that availability of appropriate trials may be an issue.
- Satisfaction with information provided about support groups, financial help and free prescriptions is high in reported trusts.
- Very few patients report being offered a written care plan – this is in line with the national results and other tumour groups.

Appendix 1 – NSSG Attendance 2014

Head & Neck NSSG Attendance Sheet 2014

The Manual of Quality Measures 2004 states that the MDT should send a team member as a representative to at least two thirds of the Network Site Specific Group meetings

Total meetings: 3

First Name	Surname	Role	Organisation	Attendance	05.03.14	17.06.14	09.12.14
Guet	Lee	SaLT	CDDFT	**33%**			**1**
Shane	Lester	Consutltant Otolaryngologist	CDDFT	**67%**		**1**	**1**
Julie	Newman	H&N CNS	CDDFT	**67%**		**1**	**1**
Rachel	Bannister-Young	CNS	City Hospitals Sunderland	**100%**	**1**	**1**	**1**
Kelly	Craggs	H&N Macmillan Nurse	City Hospitals Sunderland	**67%**		**1**	**1**
Simon	Endersby	Consultant	City Hospitals Sunderland	**33%**			**1**
Jim	Moor	ENT Consultant	City Hospitals Sunderland	**67%**	**1**		**1**
Claire	McNeill	Peer Review Co-ordinator	NESCN	**100%**	**1**	**1**	**1**
Bridget	Workman	Research Manager	NECRN - N	**33%**	**1**		
Tony	Branson	Network Medical Director	NESCN	**33%**			**1**
Kathryn	Jones	Network Delivery Lead	NESCN	**100%**	**1**	**1**	**1**
Marjorie	Leckonby	Patient & Carer Representative	NESCN	**100%**	**1**	**1**	**1**
Stewart	Barclay	Consultant in Restorative Dentistry	Newcastle Dental Hospital	**33%**	**1**		
Amanda	Dear	Head & Neck CNS	Newcastle Hospitals	**67%**	**1**	**1**	
Shahid	Iqbal	Acting oncologist	Newcastle Hospitals	**33%**		**1**	
David	Meikle	MDT Lead	Newcastle Hospitals	**67%**	**1**	**1**	
James	O'Hara	ENT Consultant	Newcastle Hospitals	**33%**			**1**
Wendy	Philip	H&N CNS	Newcastle Hospitals	**33%**	**1**		
Kathryn	Scollen	SaLT	Newcastle Hospitals	**100%**	**1**	**1**	**1**
Eleanor	Aynsley	Constultant Clinical Oncologist	South Tees	**33%**		**1**	
Doug	Bryant	Consultant	South Tees	**33%**			**1**
Michael	Caygill	SaLT	Sunderland	**33%**			**1**
Dawn	Ivison	Head & Neck CNS	Sunderland	**33%**		**1**	
Mike	Nugent	Consultant	Sunderland	**33%**			**1**
					11	**13**	**16**

Appendix 2 – Recruitment Numbers

NHS
National Institute for Health Research

Clinical Research Network
North East and North Cumbria

Number of Participants in NIHR Trials: Head and Neck Cancer Group 2014 (Jan-Dec)

Data extracted from NIHR ODP as at 6 February 2015

		CDDFT		CHSFT	GHFT	NCUHFT		NHFT		NTHFT		NUTHFT		STFT	STFT	
Study Acronym	**Int/Obs**	**DMH**	**UHND**	**SRH**	**QEH**	**CI**	**WCH**	**NTGH**	**WGH**	**UHH**	**UHNT**	**FH**	**ECMC**	**JCUH**	**STGH**	**TOTAL**
ART DECO	Int											2		2		4
De-ESCALaTE HPV	Int													2		2
FLAIRE	Obs												5			5
HeadandNeck5000	Obs	2		31		3						34		31		101
IoN	Int											8		7		15
Long-term swallowing outcomes in head and neck cancer	Obs			8								17				25
RAPPER	Obs											7		1		8
SEND	Int			1												1
The CONSENSUS Study	Obs			1												1
THRIFT	Obs												1			1
TUBE Trial	Int			2								15				17
		2	0	43	0	3	0	0	0	0	0	83	6	43	0	180

1 - HeadandNeck5000 Closed 31/12/2014

2 - Long-term swallowing outcomes in head and neck cancer Closed 01/05/2014

Appendix 3 – Action Points 04.03.15

Meeting:	**Head & Neck NSSG**	
Date:	**4 March 2015**	
Time:	**2.00pm –3.00pm**	
Venue:	**Academic Centre, James Cook University Hospital, Middlesbrough**	
Present:	Eleanor Aynsley, Consultant Clinical Oncologist, South Tees	**EA**
	Rachel Bannister-Young, CNS, Sunderland	**RBY**
	Mandep Bhabra H&N SaLT, South Tees	**MG**
	Doug Bryant, Consultant, South Tees	**DB**
	Michael Caygill, SaLT, Sunderland	**MC**
	Kelly Craggs, H&N Macmillan Nurse, Sunderland	**KC**
	Amanda Dear, Head & Neck CNS, Newcastle Hospitals	**AD**
	Elspeth Desert, Consultant Clinical Psychologist, NCUH	**ED**
	Simon Endersby, Head and Neck Consultant	**SE**
	Sheila Fellows Head & Neck Co-ordinator, Newcastle	**SF**
	Kathryn Finnegan, Head and Neck dietician, Sunderland	**SH**
	Rebecca Goranova, Newcastle Hospitals	**RG**
	Laura Gradwell- Nelson, CNS, Newcastle Hospitals	**LG**
	Dawn Ivison, Head & Neck CNS, Sunderland	**DI**
	Kath Jones, Network Delivery Team Lean, NESCN	**KJ**
	Josef Kovarik, Consultant Clinical Oncologist, Newcastle	**JK**
	Marjorie Leckonby, Patient & Carer Representative, NESCN	**ML**
	Guet Lee, SaLT, CDDFT	**GL**
	David Meikle, MDT Lead, Newcastle	**DM**
	Julie Newman, H&N CNS, CDDFT	**JN**
	James O'Hara, Head and Neck, Consultant, Sunderland	**JO**
	Sarah Owen, Newcastle Hospitals	**SO**
	Vinidh Paleri, ENT Consultant, Newcastle Hospitals	**VP**
	Wendy Phillip, CNS, Newcastle Hospitals	**WP**
	Angela Waind, Psychological Practitioner NCUH	**AW**
In Attendance	Claire McNeill, Peer Review Co-ordinator, NESCN	**CM**
Apologies:	Kathryn Scollen, SLT, Newcastle Hospitals	**KS**
	Diane Goff, Speech & Language ,Sunderland	**DG**
	Penny Williams. Research Delivery Manager,	**PW**
	Colin Edge, South Tees	**CE**

MINUTES

		Lead	Enc
1.	**INTRODUCTION**		
1.1	**Welcome and Apologies** EA welcomed all the meeting apologies as listed above.		
1.2	**Declaration of Interest** No declarations of interest made.		
1.3	**Minutes of the previous meeting** Agreed as a true and accurate record		**Enc 1**
1.4	**Matters arising**		

- **Vice Chair**

Simon Endersby has taken on the vice-chair role.

- **Clinical Guidelines**

Guidelines not updated EA asked for a volunteer to take this forward. CM to circulate to group for comments. JO to provide robotic surgery update. **CM JO**

- **Radiotherapy North Cumbria Update**

CM to obtain update from Network Manager and add to minutes.
Post meeting note; update from Specialised Commissioning

NHS England can confirm full support for the commissioning process to ensure the continued provision of a safe and sustainable radiotherapy service in North Cumbria. The procurement strategy is currently being revised to ensure it is technically sound and can give the maximum chance to secure the best provider for this service, without adversely affecting the overall timescale. Timelines for this project result in an operational service in summer 2018. Key dates include: developing the revised assured process, May to June; undertaking the procurement process, July to October; awarding the contract in October; and commencing contract mobilisation by November 2015.

- **Transfer Pathways**

AD discussed the current process and the hand back of patients after treatment. Improvements have been made. A number of problems discussed regarding quality of care and distances travelled as well as quality of accommodation provided. To be discussed at the next meeting. Paul Dyson on long term sick which is impacting on workload. KJ to take back to network and feedback. **KJ**
Post meeting note;
KJ has had further discussions with Alison Featherstone, Cancer Network Manager re the concerns raised by the group about the standard of the offsite accommodation provided for H&N patients who travel from Cumbria and require an overnight stay when having radiotherapy treatment in Newcastle. The Network will make further enquiries on behalf of the group.

- **CNS gap in services at Co Durham and Darlington**

CM informed she had contacted the Cumbria and Northern England sub regional team and they were under the impression this issue was resolved as Julie Newman was named as the CNS for these patients. CM advised this issue was not resolved as JN did not have the capacity to visit patients in JCUH which resulted in an inequity of service for Co Durham and Darlington patients being seen in JCUH. Further staffing changes were likely to impact further on this issue. The Sub regional Team agreed to raise this at

the next contract meeting.
DB advised an appointment is due to be made for CNS at JCUH to cover vacancy however the ideal solution would be an additional appointment, who would cover across both sites. This remains a red rag rating across the two sites.
DB queried the quality assurance as he stated JCUH had not named JN as a CNS for these patients. CM to fed this back to the Sub Regional Team

Discussions took place around the importance of providing information regarding outcomes and quality of service to patients.

KJ to take back to the patient and carer group.

2. AGENDA ITEMS

2.1 Peer Review Update

CM advised it has now been agreed that peer review will remain in cancer in some form or another. CQuINs database has been set up for trust to carry out validated self-assessment. Those groups that were not self-assessed last year will be self-assessed this year.
However the national team are looking at different methodology , which we believe will focus on the following;

- Outcomes
- Patient experience survey
- Structure

The idea being that data will be pulled from existing databased reducing work load for Trusts.
A further update is due soon.
CM to rearrange meeting with EA

CM

3. STANDING ITEMS

3.1 Research

Newcastle and Sunderland's programmes of improvements received and endorsed. South Tees programme of improvement discussed. DB to forward comments to CM to input onto template and CM will circulated.

Enc 2

Group discussed the TUBE trial in detail ultimate aim is to open a phase 3 trial if sufficient numbers are obtained.

Group discussed the importance of CompARE and Pathos and hoped these would be opened network wide.

Newcastle Trust advised of issues around lack of research nurses and unable to open any more trials without additional staff.

3.2 Survivorship

Discussed under CNS Update.

- **Leads for Cumbria, Co Durham, Darlington and Tees to be confirmed**

Outstanding to be discussed at the next meeting. **MDT**

3.3 Patient and Carer Update

ML advised of network training day with half day focused on NSSGs. RBY set up patient and carer group for cancer services represented by all tumour groups, looking at rolls and responsibilities. Next meeting on Wednesday.

3.4 CNS Update

Cumbria advised currently doing a lot of work around reoccurrence and also applying for funding to support work being considered for treatment summaries.
Group discussed the work being undertaken across the network around treatment summaries. Concerns expressed about the additional workload on CNS with these sometimes taking over an hour to complete. Group acknowledged treatment summary forms are a CQUINs target and currently being piloted in 3 tumour groups.

CNSs met early January and updated on work undertake so far ;

- Updated TOR
- Updated keyworker,
- Radiotherapy assessment tool to be re-evaluated. Survivorship discussed and keen to look at network survivorship.

CNS discussed the need for more information on HPV to provide to patients. Linda Sharp has done some work in the past and is keen to progress this. VP to email contact details to RBY. Group discussed leaflet available and will be circulated to the group for information. Leaflet to be forwarded to CM for circulation. **VP**
AD informed the Northern Head and Neck Cancer Fund aim was to raise awareness for health care professionals and the Charity held a conference in November and over 100 people attended. Plan to hold another conference this year and expected date will be November 3rd 2015, with the view to hold this annually. **CM**

3.5 Clinical Governance Issues

No issues raised.

3.6 Any other business

- **PEG Audit**

Unfortunately unable to present today as unable to access presentation. To be presented at the next meeting

- **NICE guidelines for referral**

KJ informed the NICE guidelines are due shortly which are

expected to increase number of referrals.
Gaps in the draft guidelines have been identified and fedback.

3.7 Meeting dates for 2015;

Tuesday 9 June 2015, 2.00pm – 4.00pm Evolve Business Centre
Tuesday 10 November 2015, 2.00pm – 4.00pm Evolve Business Centre

4. MEETING CLOSE

Appendix 4 – Agreed Programme of Improvements

Proforma For MDT Agreed Research Programmes of Improvement

ID: 08-2B-134	
NSSG:	Head & Neck
MDT:	Newcastle
MDT Lead Clinician:	Mr James O'Hara
Nominated Lead for Research:	Dr Charles Kelly

To be Provided by Research Staff/ Manager

To be completed by MDT

To be completed by NSSG

Recruitment 2013

Study acronym	RCT/non-RCT	Intervention /Observation	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Total	TYA Patients	Annual Target
Art Deco	RCT	Int							1		1				**2**		
Bio Signatures **(Thyroid)**	Non-RCT	Obs	17	15	23	16	11								**82**		
Development of CBT intervention for Dysphagia	Non-RCT	Obs											13		**13**		
Flaire	Non-RCT	Obs							3		2	3	3	1	**12**		
H&N 5000	Non-RCT	Obs			3	9	4	6	9	1	9	9	4	3	**57**		
Ion **(Thyroid)**	RCT	Int	2	2	1	4		3			1		1		**14**		
Long term swallowing out comes in head and Neck cancer	Non-RCT	Obs											4	12	**16**		
The importance of survival on treatment choice in larngeal cancer	Non-RCT	Obs							1		2	2	9		**14**		
			19	**17**	**27**	**29**	**15**	**9**	**14**	**1**	**15**	**14**	**34**	**16**	**210**		
Number of patients considered																	
Number of patients approached																	

Suggestions from MDT for Programmes Improvement and any additional comments

The return of Mr Meikle from sick leave and the new consultant appointment of James O'Hara should ease some of the pressures of seeing patients in the MDT clinic. James O'Hara has been a PI for several studies and a keen recruiter at Sunderland until recently. In 2015 we aim to reduce the number of routine follow up patients seen in our MDT clinic, thereby giving more time and better organisation for seeing new patients, eligible for recruitment. We are aware that PATHOS and COMPARE will be opening soon. These are two trials that fit well with our treatment philosophies in NuTH and should recruit well. James O'Hara has taken over lead for the MDT. He will endeavour to record the numbers of eligible patients identified to each trial in the MDT

Programme of Improvement discussed agreed at NSSG 4.03.15

Group endorsed the programmes of improvement

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HEAD & NECK:

The MDT have increased recruitment to NIHR portfolio studies, details below.

The NECRN have updated the MDT research template 2013.

ID: 14-2I-125	
NSSG:	Head & Neck
MDT:	Sunderland
MDT Lead Clinician:	James Moor
Nominated Lead for Research:	James O'Har

To be Provided by Research Staff/ Manager
To be completed by MDT
To be completed by NSSG

Study acronym	RCT/non-RC	Intervention /Observation	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Total	TYA Patients
CBT Intervention	Non RCT	Obs											16		16	
Head & Neck 5000	Non RCT	Obs	5	4	6	2	1	5	5	5		4	5	1	43	
LINCHS	RCT	Int		2					1		1				4	
Long term Swallowing	Non RCT	Obs										1	9	5	15	
The Consensus Study	RCT	Obs					3		6						9	
The importance of surviv	Non RCT	Obs						3	37	4					44	
			5	6	6	2	4	8	49	9	1	5	30	6	131	
Number of patients considered																
Number of patients approached																

Suggestions from MDT for Programmes Improvement and any additional comments

- Head and Neck 5000 currently recruiting well and will continue.
- Time Trade Off for laryngectomy patients, recruitment extended and ongoing
- Lugol's iodine study recruitment completed

Recruitment agreed as PIC site for FLAIRE study, running at NCCC

SEND trial ongoing recruitment

Programme of Improvement discussed agreed at NSSG meeting 4.3.15

Programmes of Improvement endorsed by the group

Proforma For MDT Agreed Research Programmes of Improvement

ID:	
NSSG:	Head and Neck
MDT:	South Tees
MDT Lead Clinician:	Col Doug Bryant
Nominated Lead for Research:	Dr Dunlop

To be Provided by Research Staff/ Manager
To be completed by MDT
To be completed by NSSG

Recruitment 2013

Study acronym	RCT/non-RCT	Intervention /Observation	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Total	TYA Patients	Annual Target
De Escalate	RCT	Interventional									1				1		
Head & Neck 5000	Non RCT	Observational	4		2	7	5	1	4	4	3	6	4	0	40		
Pet Neck	RCT	Interventional													0		
SEND	RCT	Interventional										1			1		
Shared decision making and the MDT in Head and Neck cancer management	Non RCT	Observational	6		3										9		
															0		
			10	0	5	7	5	1	4	4	4	7	4	0	51		
Number of patients considered																	
Number of patients approached																	

Suggestions from MDT for Programmes Improvement and any additional comments

We discuss for each patient at the MDT whether they are eligible for any open studies. Some trials are more difficult to recruit to than others, we are trying to increase recruitment. Head and Neck 5000 recruited very well

Programme of Improvement discussed agreed at NSSG 4.3.15

endorsed by the group