



Northern England  
Strategic Clinical Networks

# North of England Cancer Network Thyroid Subgroup Work Programme 2015- 2016

## Document Information

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## Document Control:

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**This Work Programme has been agreed by:**

**Position:** Thyroid Subgroup Chair  
**Name:** Mr S Aspinall  
**Organisation:** South Tees Hospitals NHS FT  
**Date Agreed:** 29.06.15

**Position:** Thyroid Subgroup Vice Chair  
**Name:** Mr S Nath  
**Organisation:** South Tees Hospitals NHS FT  
**Date Agreed:** 29.06.15

**Position:** Medical Director  
**Name:** Dr M Prentice  
**Organisation:** Cumbria, Northumberland, Tyne and Wear Area Team  
**Date Agreed:** 29.06.15

Thyroid Subgroup members agreed the Annual Report on:  
**Date Agreed:** emailed to group 29.06.15 for endorsement at the next meeting  
**Review Date:** May 2016

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	Key Areas	Aims	Action/Update	Named Lead and Job Role	Target Date
<b>Service Improvement and Development</b>	Clinical Guidelines	Review Guidelines annually and as needed in year	National Guidance is being updated; this will inform changes if applicable to the Network Guidelines.  National Guidance now published and adopted. Network Guidelines to be updated accordingly.  Patient Discharge – review progress in 6 months time	Chair / Vice Chair	May 2015   October 2015
	<b>Medical Treatment</b> Advances in the diagnosis and treatment of medullary or anaplastic thyroid cancer	To carry out detection of molecular markers with the help of histopathologists	PP and SJ to updated at next meeting	Chair/Endocrinologist/ Pathology Lead	June 2015
	<b>Diagnostic</b> Follicular Neoplasm	Develop molecular testing on FNA samples - in design	Updated to be provided at next meeting.	Dr P Perros/ Dr S Johnson	June 2015
	Proteomics Studies	Develop proteomics studies		Dr P Perros	
	<b>MDT links</b>	Strengthen MDT links and support the sharing of good practice and case reviews	Educational meeting has been incorporated into the NSSG meeting Meeting in Feb and October to include a combined MDT forum to review difficult cases	Chair	Feb 2015 October 2015

	Key Areas	Aims	Action/Update	Named Lead and Job Role	Target Date
<b>Priorities</b>	Joint primary / secondary care education events	To promote earlier referral for patients with key symptoms	Explore local GP Time In Time Out type of education events and any Opportunities to participate  Chair to contact Chair of CIC group to discuss possible agenda item	Chair / Vice Chair	Update at next Meeting June 15
	Referral criteria	Ensure clear unambiguous referral guidance	Review current guidance and harmonise national and local message  All to discuss at MDT	Chair/ Vice Chair  MDT Leads	June 15
	Holistic Assessment Tools	To provide holistic assessment tool for all patients across the Network	North presented at June 2014	Lead Nurse	Completed
			South to present at Februarys meeting		June15
	National Awareness Campaign	National campaign beginning 15 September 2014	To discuss impact of campaign	all	June15
<b>Audit</b>	Standardise radiology reporting and pathways of care across the Network	Carry out an audit to establish a baseline - stratifying nodules into benign, indeterminate and malignant.	Proforma to be developed and disseminated across the unit.  All units to participate in the audit. To consider later this year	Seb Aspinall / Joanna Quinton	June15
	Audit re National Guidelines	Ultra sound of kidneys to be undertaken annual, in hypo parathyroid patients post thyroidectomy who are on calcium and / vit d supplements long term	Proforma to be developed and disseminated across the unit  To be consider later this year	Seb Aspinall	June15
	Regional Thyroid US audit	To review improvements within service from original audit presented 11.14	All units to participate in re-audit	Seb Aspinall	October 2016

	Key Areas	Aims	Action/Update	Named Lead and Job Role	Target Date
Research	To promote integration of research into routine practice	<ul style="list-style-type: none"> <li>• Maintain a balanced portfolio</li> <li>• Promote equity of access for patients in relation to trials</li> <li>• Annual Review of MDT reports relating to portfolio and recruitment</li> <li>• In line with NCRN strategy to review all potential surgical trials</li> <li>• Identify barriers to recruitment</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure new trials disseminated to NSSG members and relevant clinicians and MDTs for discussion and agreement</li> <li>• Portfolio can be viewed by all on NECN website</li> <li>• Agree Programmes of Improvement for MDT's</li> </ul>	NECN Research networks. NSSGs MDT'S	Ongoing
	Meet NIHR high level objectives and NCRN recruitment targets	<ul style="list-style-type: none"> <li>• Encourage recruitment into trials particularly RCT trials</li> <li>• To increase the proportion of studies in the NIHR Clinical Research Network Portfolio delivering to time and target</li> <li>• To increase the percentage of commercial contract studies delivered through the NIHR CRN</li> <li>• To reduce the time taken to recruit first participant into NIHR CRN Portfolio studies</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure new trials including commercial disseminated to NSSG members and relevant clinicians and MDTs for discussion and agreement</li> <li>• Review of recruitment and time frames</li> </ul>	NECN Research networks. NSSGs MDT'S	Ongoing
Patient & Carer Feedback	National Patient Survey	<p>The NECN has agreed to participate in the national patient survey on an annual basis</p> <p>Thyroid group future representation</p> <p>Local survey to be carried out across the Network to supplement national survey</p>	<p>Ongoing</p> <p>Barbara Convery to take to patient group</p>	<p>Thyroid Subgroup Chair and Patient and Carer Representative</p> <p>KF</p> <p>Patient and Carer Representatives</p>	June 15