Kent and Medway Cancer Collaborative

Head & Neck Tumour Site Specific Group meeting
Tuesday 7th October 2020
Microsoft Teams
14:00 – 16:30

Final Meeting Notes

Present	Initials	Title	Organisation
Nic Goodger (Chair)	**NG**	Consultant Maxillofacial Surgeon	EKHUFT
Sarah Stevens	**SS**	Speech & Language Therapist	EKHUFT
Sue Honour	**SH**	Lead Head & Neck CNS	EKHUFT
Lakshi Rasaratnam	**LRa**	Consultant in Restorative Dentistry	EKHUFT
Abbi Brissenden	**ABr**	Head & Neck CNS	EKHUFT
Eranga Nissanka-Jayasuriya	**ENJ**	Consultant Cellular Pathologist	EKHUFT
Alistair Balfour	**ABa**	Consultant ENT Surgeon	EKHUFT
Rob Hone	**RHon**	Specialty Registrar	EKHUFT
David Tighe	**DT**	Consultant Oral and Maxillofacial Surgeon	EKHUFT
Nicola Chaston	**NC**	Consultant Cellular Pathologist	EKHUFT
Ali Al-lami	**AAL**	Consultant ENT / Head & Neck Surgeon	EKHUFT
Samantha Briggs	**SB**	Acute Speech & Language Therapist	DVH
Lydia Capon	**LC**	Lead Oncology Dietician	Kent Community Health NHS Foundation Trust
Serena Gilbert	**SGi**	Cancer Performance Manager	KMCA
Irene Nhandara	**IN**	Programme Lead – Early Diagnosis	KMCA
Claire Mallett	**CM**	Programme Lead – LWABC/PC&S	KMCA
Karen Glass	**KG**	Administration & Support Officer	KMCC
Caroline Waters	**CW**	Pharmacist	KMCC
Colin Chamberlain (Notes)	**CC**	Admin Support	KMCC
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCC
Kitty Peploe	**KP**	Specialist Speech & Language Therapist	Medway Community Healthcare
Debbie Hannant	**DH**	Head & Neck CNS	MFT
Jeremy Davis	**JDav**	Consultant ENT Surgeon	MFT
Coimbatore Praveena	**CP**	Agency Doctor	MFT

Andriana Michaelidou	**AM**	Consultant Medical Oncologist	MTW
Lucy Reed	**LRe**	Macmillan Dietician	MTW
Jennifer Turner	**JT**	Clinical Oncology SpR	MTW
Rachael Hopson	**RHop**	Macmillan Radiographer	MTW
Denise Baker	**DB**	Consultant Radiologist	MTW
Hayley Tillett	**HT**	Macmillan Head & Neck Radiographer	MTW
Daniel Miller	**DM**	Macmillan Radiotherapy Specialist	MTW
Anthi Zeniou	**AZ**	ST5	MTW
Bana Haddad	**BH**	Macmillan GP / Clinical Lead – LWABC/PC&S	NHS Kent & Medway CCG / KMCA
Rakesh Koria	**RK**	Macmillan GP & GP Tutor	NHS Kent & Medway CCG
Bill Barrett	**BBa**	Consultant Oral Pathologist	QVH
Brian Bisase	**BBi**	Consultant Maxillofacial Surgeon	QVH
Nicola Miller	**NM**	Clinical Audit & Outcomes Specialist	QVH
Lawrence Newman	**LN**	Consultant Maxillofacial Surgeon	QVH
Claire Rodd	**CR**	Specialist Speech & Language Therapist	QVH
Nav Upile	**NU**	ENT & Head and Neck Consultant	QVH
Victoria Worrell	**VW**	Access & Performance Manager	QVH
Jane Dawson	**JDaw**	Specialist Speech & Language Therapist	QVH
Addy Katandika	**AK**	Head & Neck CNS	QVH
Elizabeth Moore	**EM**	Senior Clinical Dietician	QVH
Aakshay Gulati	**AG**	Consultant Maxillofacial Surgeon	QVH
Apologies			
Kim Moulton	**KM**	Macmillan Oncology Specialist Dietitian	DVH
Pippa Miles	**PMi**	Senior Service Manager	EKHUFT
Chris Theokli	**CT**	Consultant ENT / Head & Neck Surgeon	EKHUFT
Roy Vergis	**RV**	Consultant Clinical Oncologist	MTW
Kannon Nathan	**KN**	Consultant Clinical Oncologist	MTW
Sona Gupta	**SGu**	Macmillan GP	NHS Kent & Medway CCG
Vaughan Lewis	**VL**	Clinical Director, Specialised Commissioning, NHS South	NHSE
Helen Graham	**HG**	Research Delivery Manager	NIHR
Pauline Mortimer	**PMo**	Head & Neck CNS	QVH

Item		Discussion	Agreed	Action
1	**TSSG Meeting**	**Apologies** • The apologies are listed above. **Introductions** • NG welcomed the members to the meeting and asked them to introduce themselves. **Action log Review** • The action log was reviewed, updated and will be circulated with the final minutes. **Review previous Minutes** • The final minutes from the previous meeting which took place on 12.11.2019 were reviewed and accepted as a true and accurate record. • When patients are discharged from hospital following tracheostomies there is an issue in obtaining portable nebuliser equipment (due to funding issues), with this problem more prevalent for MTW, DVH and MFT than for EKHUFT. RK advised he had picked this issue up with Macmillan but they were unable to help. Although the number of cases is quite low, NG believes this should remain on the action log for now and be picked up at the next meeting. Once the NHS Kent & Medway CCG decide who the designated commissioner(s) will be they will then be invited to future meetings to provide an update on how this issue is to be resolved. **Action: AW to invite the commissioner(s) to future meetings once she is informed who they will be.**		**AW**
2	**Research**	**Research – update provided by Claire Rodd** • CR referred to JaW PrinT (**Ja**w reconstruction **W**ith **Prin**ted or flexed **T**itanium and free tissue transfer), a prospective observational cohort study which evaluates the effectiveness of two different mandibular reconstruction techniques. So far QVH have recruited 13 patients to this trial, which will close at the end of 2020. • CR reported QVH have dedicated Head & Neck research nurses who are regularly checking which trials have been initiated elsewhere and they then relay this information to CR. She suggested the CNS' across K&M follow suit. A number of studies are not referenced on the NIHR website so are often passed on by word of mouth. • CR introduced AAL and NU to the group and advised they would be providing updates on both the PATHOS and BEST OF trials respectively.		

		PATHOS – update provided by Ali Al-Lami • AAL referred to PATHOS, a NIHR phase III trial of risk-stratified, reduced intensity adjuvant treatment in patients undergoing transoral surgery for HPV+ oropharyngeal cancer. • The trial began in 2015 with the aim of recruiting 1100 patients. Thus far they have recruited 550 patients. EKHUFT agreed to take this trial forward. • NU advised he had previously assisted in recruiting patients to the PATHOS trial. **BEST OF – presentation provided by Nav Upile** • NU stated the aim of the study was to assess the "Best of" Radiotherapy vs the "Best of" Surgery in patients with oropharyngeal cancer. • Its primary aim is to assess the better modality for quality of life outcomes (i.e. swallow) for treating early cancers where good survival is highly likely. • QVH intend to take this trial on. • NG asked if the TSSG would be interested in taking forward both the BEST OF and PATHOS trials. This was agreed. • JDav raised an issue with regards to patients having to go to QVH for surgery and MTW for radiotherapy and how this may be an issue for some patients given the distance between the sites. It was agreed this would be discussed further outside of the meeting. • NU confirmed that Best Of is also an NIHR portfolio trial.		
3	**Horizon Scanning**	**BAOMS QOMS – presentation provided by David Tighe** • DT shared a presentation on quality and outcomes in oral and maxillofacial surgery. He provided a summary of the following: - GIRFT (Getting It Right First Time) recommendations - The objectives (which comprise of quality management, clinical effectiveness, continuous personal development and secondary research) - Clinical Data and Registries - Audits - Metrics - Questionnaires - Oncology - Reconstruction - The role of information technology in this piece of work (specifically data collection, data storage, data handling and data exchange) - The organisational infrastructure.		

		• DT added it is important for the Trusts to engage with this and he would be happy to be a point of contact should anyone have any queries.		
4	**Performance**	**DVH** • JDav stated DVH maxillofacial cases are sent to QVH and ENT cases to MFT. **EKHUFT** • Between June and August 2020 they achieved both the 2ww and 31d targets. • With regards to 62d performance, they failed to achieve the 85% standard in both July and August 2020. • They had no 104d+ cases throughout the 3 month period from June to August 2020. • Their backlog figures were attributable to diagnostic and OPD delays. • They met the 28d compliance for all 3 months. With regards to data completeness, they achieved the target in June and July but failed to do so in August 2020. • TR emphasised the importance of reassuring patients it is safe to come in to hospital. SH stated either she or the Pathway Navigators contact the patients to inform them safety measures are in place to protect them. • The Pathway Navigators have also been helpful with regards to 28d compliance. **MFT** • They met the 2ww standard in June, July and August 2020. • There were no 31d cases in June and August but they did hit the standard in July 2020. • MFT failed to meet the 62d standard for all 3 months. Much of this was due to delays in diagnostics, complex diagnostics and the non-engagement of a single patient due to Covid. • They had no 104d+ patients in both July and August 2020. • Data compliance and completeness are currently being validated by the Data Assurance team at the Trust. • A new cancer Clinical Director is being appointed at MFT and will be working with the H&N lead to take any issues forward, especially with regards to diagnostics. • AW advised MFT's data was sent to her by Suzanne Bodkin. • JD advised an action plan is to be collated detailing what they believe is an inaccuracy with the data presented today.		

		MTW • MTW achieved both the 2ww and 31d standards for May, June and July 2020. • They met the 62d target in May and July 2020. • In terms of 104d+ patients, they had 1.5 cases in June 2020. • The Trust had 7 backlog cases in May, 6 in June and 4 in July 2020. • 28d compliance was achieved in May and June but was not met in July 2020. • They failed to achieve 28d completeness for all 3 months. **QVH - update provided by Victoria Worrell** • Between May and August 2020 they met both 2ww and 31d targets. • They met the 62d standard in May and August 2020. • QVH went from having 3 104d+ cases in June to 0 in August 2020. • The Trust managed to reduce their backlog from 18 in May to 8 in August 2020. • A number of their breaches were attributable to histology turnaround times for complex biopsy samples, delays due to patient comorbidities and patient choice in delaying diagnostics/appointments. • They achieved the 28d compliance for all 4 months. • VW mentioned a Cancer Diagnostic Pathway Coordinator has been recruited. • VW agreed to remove the Surrey and Sussex data from all future performance figures so only Kent figures are shared, with DT stating he would be interested in the MTW data in particular. • Concerns were raised with regards to the accuracy of the data presented. • A number of the members stated it would be helpful to have real numbers included on the performance slides in order to provide context to the data presented. **Action: AW stated she would liaise with Amara Arinzeh (Data Analyst – KMCA) to request he present performance figures at future meetings.** • The Trusts confirmed a clinical harm review is completed for all 104d+ patients.		**AW**
5	**IMRT/ Radiotherapy Performance**	**Head and Neck Oncology Update - presentation provided by Andriana Michaelidou** • AM stated she had not been able to collate waiting times figures for this meeting. The information she presented was pulled from KOMS on how many patients they had treated for head and neck cancer between 01.09.2019 and 31.08.2020 in Kent (please refer to the presentation to see the breakdown of treatment figures at EKHUFT and MTW).		

		• In the last year 322 patients were given radiotherapy appointments. • 153 patients were given chemotherapy. • In terms of radical treatments: 206 patients had radiotherapy alone, 93 had chemo-radiotherapy and 34 had induction radiotherapy. • With regards to palliative treatments: 28 patients had radiotherapy, 43 had chemotherapy and 18 were given biological agents. • In relation to the 30-day mortality count, 17 patients died (of which 14 were having palliative treatment). • AM advised they are trying to avoid face-to-face follow-up appointments as much as is safely and feasibly possible. New patients, however, are seen face-to-face. • From mid-May 2020 they have been able to give radiotherapy to H&N patients as per normal protocols. They are also able to offer concurrent chemotherapy and neoadjuvant chemotherapy is now more frequently considered. • Patients having chemotherapy at the Trust no longer require to be routinely screened as there have been no positive cases identified on routine screening during the summer. Furthermore, patients having radiotherapy for H&N are still screened before their planned scan. Staff are screened on a fortnightly basis as per the agreed process. • In terms of forward planning, they are aiming to work in collaboration with the other providers in order to review the impact of treatment changes in the peak of the first wave on outcomes.		
6	**Clinical Pathway Discussion**	**<u>Pathway of Care</u>** • **<u>Action:</u> NG stated he would review and update the document where he could, send it to the necessary provider colleagues for their comments and updates and requires finalization within the next 6-8 weeks (01.12.2020 at the latest).** **<u>High Operational Policy</u>** • **<u>Action:</u> NG stated he would review and update the document where he could, send it to the necessary provider colleagues for their comments and updates and requires finalization within the next 6-8 weeks (01.12.2020 at the latest).** • SH requested ABr be added to the H&N Cancer Service Delivery section on page 4. • SS mentioned the EKHUFT SALT team is expanding. They will have 3 Band 6's and 1 Band 7.		**NG** **NG**

7	**Clinical Audits**	• ABa suggested fine needle biopsy be considered as an audit for a future meeting, specifically ultrasound biopsy lists at EKHUFT. • NG mentioned it would be helpful to have an audit on the quality of ultrasound reports which could then be escalated to Ian Vousden for him to take forward. • It was suggested a 42-day style radiotherapy audit be undertaken. • **<u>Action:</u> It was agreed the audit suggestions would be fed back to VD. NG will then ask VD to propose a suitable clinical audit at the next meeting.**		**NG**
8	**CNS Updates**	**<u>EKHUFT – update provided by Sue Honour</u>** • SH introduced ABr (Head & Neck CNS) to the group. She was appointed earlier this year and will be sharing the workload. • SH stated she had been appointed as the Lead Head & Neck CNS and one of her duties as part of this new role is to be more involved with service improvement. • There will be 2 support workers assisting them with the completion of HNA's. • SH mentioned she had obtained the local numbers from the NCPES survey. **<u>MFT – update provided by Debbie Hannant</u>** • DH referred to the NCPES and how they are to utilise the results to provide a better service. Hot topics included patients not being informed of their diagnosis sensitively and not being informed of clinical trials. • DH stated the CNS support group was disbanded due to Covid. **<u>MTW – no update provided</u>** • There was no CNS representation from MTW at the meeting so an update was not provided. **<u>QVH – update provided by Adiola Katandika</u>** • AK mentioned the CNS team had worked hard throughout the pandemic but had no issues to raise.		
9	**Cancer Alliance update**	**<u>Update provided by Claire Mallett</u>** • With regards to the stratified pathways piece, CM would be eager to have a discussion with relevant colleagues to ascertain whether this is something they want to take forward for H&N. She added she had been linking in with InfoFlex colleagues to influence the HNA piece. • CM stated treatment summaries are predominantly aimed to be a patient and GP resource and she would appreciate the opportunity to liaise with the CNS' to discuss		

		this further. SH advised she would be happy to link in with CM. AK mentioned QVH have been doing treatment summaries for over a year and this has worked well.		
10	**AOB**	• NG stated the spring 2021 meeting may take place on a Tuesday and the autumn 2021 meeting on a Monday. It was suggested a Doodle poll be created to determine whether or not this would be suitable. This will be discussed further outside of the meeting and a decision communicated out in due course. • ABa stated NG12 criteria appears to be ignored in terms of referrals. RK highlighted the importance of primary and secondary care working together to ensure inappropriate referrals are limited as much as possible and suggested webinars could be arranged to discuss this further. • ABa discussed the need for examination under anaesthesia where a patient has a neck node containing P16 +ve SCC on core biopsy and an evident oropharyngeal primary. There was agreement that EUA in this situation was not mandatory particularly considering current COVID risks, but might be required for tumour staging in some cases and also might be required as part of trial protocols.		
	Next Meeting Date	• To be confirmed.		