

Head & Neck Tumour Site Specific Group meeting
Tuesday 6th September 2022
Great Danes (Mercure) Hotel, Maidstone, ME17 1RE
13:30-16:30
Final Meeting Notes

Present	Initials	Title	Organisation
Nic Goodger (Chair)	NG	Consultant Maxillofacial Surgeon	EKHUFT
Chris Theokli	CT	Consultant ENT/Head & Neck Surgeon	EKHUFT
Sue Honour	SHo	Macmillan Lead Head & Neck and Thyroid CNS	EKHUFT
Nicola Chaston	NC	Consultant Cellular Pathologist	EKHUFT
Alistair Balfour	AB	Consultant ENT, Head & Neck and Thyroid Surgeon	EKHUFT
Hannah Brann	HB	Cancer Pathway Navigator	EKHUFT
Basim Wahba	BW	Head & Neck and Endocrine Pathologist	EKHUFT
Ali Al-Lami	AAL	Consultant ENT/Head & Neck Surgeon	EKHUFT
Samantha Briggs	SB	Speech & Language Therapist	DVH
Karen Glass (Minutes)	KG	Administration & Support Officer	KMCC
Annette Wiltshire	AW	Service Improvement Facilitator	KMCC
Coimbatore Praveena	CP	ENT Consultant Surgeon	MFT
Deborah Owen	DO	Macmillan Head & Neck CNS	MFT
Suzanne Bodkin	SB	Cancer Pathway Manager	MFT
Adam Gaunt	AG	ENT Consultant	MFT
Debbie Hannant	DH	Macmillan Head & Neck CNS	MFT & DVH
Evelyn Bateta	EB	Macmillan Head & Neck CNS	MTW
Jennifer Turner	JT	Consultant Clinical Oncologist	MTW
Helen Vaughan	HV	Specialist Speech & Language Therapist	MTW
Chris Singleton	CS	Senior Programme Manager – KMCA	NHS Kent & Medway ICB
Brian Bisase	BBi	Consultant Maxillofacial Surgeon	QVH
Aakshay Gulati	AG	Consultant Oral & Maxillofacial Surgeon	QVH
Navdeep Upile	NU	Consultant Otolaryngologist Head & Neck Surgeon	QVH
Adiola Katandika	AK	Macmillan Head & Neck CNS	QVH
Claire Rodd	CR	Advanced Specialist Speech & Language Therapist	QVH

Laurence Newman	LN	Consultant Maxillofacial and Head & Neck Surgeon	QVH
Elizabeth Moore	EM	Senior Clinical Dietitian	QVH
Clare Lancaster	CL	Lead Cancer and Head & Neck CNS	QVH
Paul Norris	PN	Consultant Maxillofacial Surgeon	QVH
Aakshay Gulati	AG	Consultant Oral & Maxillofacial Surgeon	QVH
Apologies			
Sarah Haslam	SH	Registered Dental Nurse and Oral Health Practitioner / Mouth Care Specialist Nurse	DVH
Vikram Dhar	VD	Consultant ENT and Head & Neck Surgeon	EKHUFT
David Tighe (Deputy Chair)	DT	Consultant Oral & Maxillofacial Surgeon	EKHUFT
Kashif Naeem	KN	Consultant Radiologist / Lead CT Clinician	EKHUFT
Sarah Stevens	SS	Macmillan Speech & Language Therapist	EKHUFT
Abbi Smith	AS	Macmillan Head & Neck and Thyroid CNS	EKHUFT
Robert Hone	RHon	Head & Neck Otolaryngology Consultant	EKHUFT
Pippa Enticknap	PE	Senior Service Manager – CCHH Care Group	EKHUFT
Lakshmi Rasaratnam	LRa	Consultant in Restorative Dentistry	EKHUFT
Serena Gilbert	SG	Cancer Performance Manager	KMCA
Colin Chamberlain	CC	Administration & Support Officer	KMCC
Tracey Ryan	TR	Macmillan User Involvement Manager	KMCC
Yin Kiu-Lam	YKL	Macmillan Speech and Language Therapist	Medway Community Healthcare
Jeremy Davis	JD	Consultant ENT Surgeon	MFT
Rachel Hopson	Rhop	Macmillan Head & Neck Specialist Radiographer	MTW
Kannon Nathan	KN	Consultant Clinical Oncologist	MTW
Sona Gupta	SGu	Macmillan GP & Cancer Lead	NHS Kent & Medway ICB
Bana Haddad	BH	Macmillan GP and Cancer Lead / Clinical Lead for Personalised Care & Support	NHS Kent & Medway ICB
Ann Courtness	AC	Macmillan Primary Care Nurse Facilitator	NHS Kent & Medway ICB
Helen Graham	HG	Research Delivery Manager (Cancer)	NIHR
Nicola Miller	NM	Clinical Audit & Outcomes Specialist	QVH
Victoria Worrell	VW	Access & Performance Manager	QVH
Bill Barrett	BBa	Consultant Oral Pathologist	QVH
Item	Discussion		Action

<p>1.</p>	<p>TSSG Meeting</p>	<p><u>Apologies</u></p> <ul style="list-style-type: none"> The apologies are listed above. <p><u>Introductions</u></p> <ul style="list-style-type: none"> NG welcomed the members to today's face to face meeting and the group introduced themselves. If you attended this meeting and are not captured on the attendance list please contact karen.glass3@nhs.net directly and she will update the distribution list accordingly. <p><u>Review Action log</u></p> <ul style="list-style-type: none"> The action log was reviewed, updated and will be circulated to the members along with the final minutes of today's meeting. <p><u>Review previous minutes</u></p> <ul style="list-style-type: none"> The minutes from the previous meeting on the 29th March 2022 were reviewed again at today's meeting and were agreed as a true and accurate account and could be signed off. 	
<p>2.</p>	<p>Research</p>	<p><u>Update by Claire Rodd</u></p> <ul style="list-style-type: none"> CR provided an update on both the SAVER and PATHOS trials and which ones are active across K&M. SAVER recruitment is ongoing at QVH and PATHOS is doing well at EKHUFT. PATHOS is yet to open at MTW / QVH which is disappointing. <p>Action - NU and AAL agreed to discuss further offline to address these issues and to work out a way forward to recruit eligible patients onto PATHOS.</p>	<p>Presentation circulated to the group on 8th September 2022</p> <p>NU / AAL</p>

		<ul style="list-style-type: none"> CR stated that K&M were not at the bottom of the national trials table which is reassuring as they have been previously. 	
<p>3.</p>	<p>Robotic Head & Neck Surgery</p> <p>Pathos Update</p>	<p><u>Update by Ali Al-Lami</u></p> <ul style="list-style-type: none"> AAL highlighted the increasing number of patients diagnosed nationally with Head & Neck cancers. However, the demographics have changed as younger patients are being diagnosed with HPV disease. Previous H&N cancers were due to smoking / drinking etc. H&N surgery has evolved from the mid-19th century with open surgery, to minimally invasive surgery in the late 1980's to robotic surgery from 1999. Trans-Oral Robotic Surgery (TORS) benefits include: <ul style="list-style-type: none"> <u>Patients</u> <ul style="list-style-type: none"> i) less morbidity and a shortened length of hospital stay (3.3 compared to 7 days) ii) Likely better functional outcomes in terms of swallowing iii) Shorter operating time (2 cases in a PM session) <u>Trust</u> <ul style="list-style-type: none"> i) Raising profile as a centre of excellence in Kent ii) Positive publicity iii) Offer investigations and treatment recommended by NICE guidelines iv) Cost Benefit (Chemoradiotherapy costs £6237 compared to £1600 for TORS) v) Initial costs of £27,865 exc VAT <u>Staff</u> <ul style="list-style-type: none"> i) Motivate MDT and theatre staff to engage in new exciting technology ii) Attracts motivated high-quality staff with potential research opportunities iii) Better ergonomics for surgeon compared to open surgery – less occupational related back injury 	<p>Presentation circulated to the group on 8th September 2022</p>

		<p><u>Training</u></p> <ul style="list-style-type: none"> i) Theatre staff training ii) Attracts registrars with sub-specialty interest iii) Future post CCT fellowship programme. <ul style="list-style-type: none"> • AAL outlined the implementation timeline of TORS from 2019 to June 2021 when they had their first patient. • The aim of PATHOS is to determine whether reducing the intensity of adjuvant treatment after minimally invasive transoral surgery will result in better long-term swallowing function and overall survival. AAL referred to the three arms of the trial – arm A – low risk, arm B – intermediate risk and arm C - high risk. • AAL mentioned they have completed 32 TORS operations. Out of the 32 patients only 2 patients have presented to A&E one due to tongue swelling and the other pain resulting in re-admission. • AAL concluded: <ul style="list-style-type: none"> i) Action was needed to improve H&N cancer patient’s morbidity from treatment without compromising oncological outcomes ii) Evidence supporting TORS as a treatment modality in selected early and recurrent throat cancers iii) A safe implementation plan was implemented for introducing the TORS programme at EKHUFT to match the trust vision. 	
<p>4.</p>	<p>Performance</p>	<p><u>Update by Nic Goodger</u></p> <ul style="list-style-type: none"> • NG provided an overview of the H&N data which was produced by David Osborne. NG stated the performance varies month on month across East and West Kent. West Kent performance is slightly worse due to the inter-provider transfers across trusts. <p><u>EKHUFT - update by Nic Goodger</u></p>	<p>Presentation circulated to the group on 8th September 2022</p>

		<ul style="list-style-type: none"> • Please refer to the circulated performance slide pack for an overview of the Trust’s data. <p><u>MFT – update by Suzanne Bodkin</u></p> <ul style="list-style-type: none"> • Please refer to the circulated performance slide pack for an overview of the Trust’s data. <p><u>MTW – no representation available</u></p> <ul style="list-style-type: none"> • Please refer to the circulated performance slide pack for an overview of the Trust’s data. <p><u>QVH – update by Brian Bisase</u></p> <ul style="list-style-type: none"> • Please refer to the circulated performance slide pack for an overview of the Trust’s data. 	
<p>5.</p>	<p>Suction units</p>	<p><u>Update by Chris Singleton</u></p> <ul style="list-style-type: none"> • CS updated on the process for ordering suction units and the required consumables across Kent and Medway. CS said that he had worked closely with ICB Community Equipment commissioners and Medicines Management colleagues regarding the process for ordering the consumables, and admitted that at present this is a process that is not uniform across K&M. • CS said that he had been assured that any health or social care professional could have access to the NRS system, which is where the suction units can be ordered. There is recognition that there is currently only a limited number of models available. However, each Trust should have nominated leads who would know how to organise access for relevant colleagues to the system. • In terms of ordering consumables, CS outlined the following processes are in place within each area: <ul style="list-style-type: none"> i) Dartford and Gravesham – all consumables to be ordered by GPs, who have access to a system whereby DVH coordinate procurement and delivery. GPs are aware of this process and are reimbursed as required by the ICB. A reminder of this process has recently been sent out to DGS GPs. 	

		<p>ii) East Kent – for patients under the trache team, consumables are ordered via EKHUFT. For those patients not under the EKHUFT trache team, consumables can be ordered via Kent Community Health NHS Foundation Trust procurement team.</p> <p>iii) Medway - Consumables can be ordered via Medway Community Healthcare (MCH) although it has recently come to light that this is only for patients on the MCH caseload. CS had been informed that this process is currently being reviewed and improved with a nominated Medicines Management colleague taking responsibility for this.</p> <p>iv) West Kent – consumables can be ordered via the patient’s GP. However, this process is also being reviewed and again a nominated lead has been appointed within the ICB Medicines Management Team to review this process.</p> <ul style="list-style-type: none"> • Following the update provided by CS, concerns were raised about the different processes across the area. It was also noted that H&N CNSs did not have a budget to order equipment and discussions internally had not remedied this situation. <p>Action - On this basis, NG said he would contact Ian Vousden and other leads to highlight the concerns and to ask that a more streamlined process is put in place, given the amount of time that this issue has been unresolved.</p>	<p>NG</p>
<p>6.</p>	<p>CNS Updates</p>	<p><u>EKHUFT – update by Sue Honour</u></p> <ul style="list-style-type: none"> • Patient Engagement Event took place 2 weeks ago – ask what matters most. Pulling the details together from this event. • Updating the website and pathway leaflets. • It was noted that continuity of care is not always possible at patients’ clinical appointments. • National Cancer Patient Experience Survey has now come out. <p><u>MFT & DVH – update by Debbie Hannant</u></p> <ul style="list-style-type: none"> • Headstart – the patient support group meeting is due to start back in December. 	

		<ul style="list-style-type: none"> • Health and Wellbeing events to start in November at MFT. • They have received really good continuity of care feedback from their patients. <p><u>MTW – update by Evelyn Batata</u></p> <ul style="list-style-type: none"> • EB highlighted the issue previously discussed regarding consumables and she would be keen for Cancer Alliance involvement so they could improve the quality of life and safety of their patients. • Nothing further to highlight from MTW. <p><u>QVH – update by Adiola Katandika</u></p> <ul style="list-style-type: none"> • New lead H&N CNS – Clare Lancaster in post. • Looking to recruit a new FDS Navigator – job advert to go out soon. • Headstart – due to start for MFT, MTW and QVH. • Health and Wellbeing events to restart. 	
<p>7.</p>	<p>Cancer Alliance update</p>	<p><u>Update by Chris Singleton</u></p> <ul style="list-style-type: none"> • CS highlighted the national cancer programme priorities, which were outlined in the NHS Planning Guidance published earlier in the year. • CS provided a brief overview of the current K&M position regarding these priorities, focusing where relevant on tumour site specific aspects which will be of most interest. • The Cancer Alliance continues the roll-out of comprehensive NSS pathways across K&M. In October it is anticipated that 2 out of the 4 NSS pathways will be live, with the remaining to 	<p>Presentation circulated to the group on the 8th September 2022.</p>

		<p>follow in due course. EKHUFT and DVH will be the first to go live. These will incorporate Rapid Lymphadenopathy and MUO pathways. RL pathway will be below the clavical, so no impact on Thyroid or H&N pathways. They are taking a K&M approach to ensure consistency across the system. This will put K&M in a good position to substantively commission from 2024 onwards.</p> <ul style="list-style-type: none"> • The CA is supporting the introduction and roll-out of new best practice timed pathways, with H&N and gynae recently published, as well as supporting further development of Straight to Test pathways. • In terms of early diagnosis, the Galleri GRAIL pilot will start its second round for K&M in October. First round was successful, and whilst there is no national outcome data yet, there is anecdotal evidence of cancers being diagnosed at an early stage before symptoms. • K&M will be launching the first stage of the Targeted Lung Health Check (TLHC) programme in one locality of East Kent later in the year. • Early Diagnosis colleagues held a successful HUY campaign focusing on skin in coastal locations during the summer. • Also working on testing for lynch syndrome and liver surveillance. • Primary Care cancer dashboard was produced and circulated to local PCNs to help them understand and analyse their cancer data. • From a treatments' and personalised care perspective, key focus is rolling out PSFU pathways in colorectal and prostate, as well as developing remote monitoring for thyroid, gynae and skin pathways. This is all supported by local InfoFlex colleagues building systems to enable this. • Crosscutting themes include promoting uptake of cancer patient experience surveys and under 16 CPES. CA and ICB have appointed a Cancer Workforce Programme Lead (Becky Nelhams) to develop cancer workforce strategy and plan, as well as take forward issues identified in the AO 	
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		<p>project last year. Also supporting NSS patient navigators with training and upskilling.</p> <ul style="list-style-type: none"> • Lastly, CA is finalising health inequalities toolkit to inform specific areas for focus. 	
8.	National Timed Pathway	<p><u>Update by Nic Goodger</u></p> <ul style="list-style-type: none"> • The group discussed the various blockers each trust has for taking forward the 28-day FDS pathway. • Pinch-points included: <ul style="list-style-type: none"> i) Diagnostic imaging ii) Patient delay – did not realise they were on a 2ww cancer pathway iii) Patients to understand what the pathways mean and they may need to travel to a different trust for treatment iv) MRI / CT scans – no issue currently v) US guided biopsies – delays – need dedicated slots – train more staff vi) % of patients are still not being face to face by their GP vii) Front end of the pathway – biggest issues. viii) Letter taking the patient off of the pathway has helped. <p>Action – NG agreed to speak to Ian Vousden directly to address the issues discussed regarding implementing the 28-day FDS pathway – to include same day tests, access to US and US guided biopsies.</p>	NG
9.	AOB	<ul style="list-style-type: none"> • No further points were raised under AOB. 	
10.	Next Meeting Date	<ul style="list-style-type: none"> • The group agreed how much they had enjoyed their face to face meeting today and would like these meetings to continue face to face as the discussions are invaluable. • Meeting date – TBC. 	CC to circulate the meeting invites when date has been confirmed

