

Head & Neck and Thyroid Cancer

A High Level Operational Policy

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1.0 Introduction and background

The purpose of this document is to provide the Kent & Medway Cancer Alliance Delivery Board, Trusts, Clinical Commissioning Group (CCG) and all Clinicians engaged in the management of Head & Neck and Thyroid Cancer with an overview of the minimum requirements to be addressed in order to achieve the delivery of clinically safe, evidenced based, clinically effective and Improving Outcomes Guidance (IOG) compliant head & neck and thyroid cancer services.

This document should be read in conjunction with both the Head & Neck Cancer Pathway of Care (PoC) and the Thyroid Cancer Pathway of Care. The focus of the Pathways of Care is on areas impacting directly on the care received by patients while the focus of the High-Level Operational Policy is on the organisational aspects which underpin the delivery of care. The aim is, as far as possible, to avoid duplication and repetition between the two documents.

The High-Level Operational Policy covers both Head & Neck Cancer and Thyroid Cancer. Although there are separate Tumour Site Specific Groups (TSSGs) for each, there is, in practice, considerable overlap in the organisation of both services with approximately half the key individuals involved being members of both Multidisciplinary Teams (MDTs).

The MDT teams will aim to follow national guidance as published. Head & Neck cancer UK National Multidisciplinary Guidance 2016.

Guidance on Oncological and (Radiotherapy and chemotherapy) JLO/130 SL Nice Guidance NG36 link.

<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/head-and-neck-tssg/>

<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/thyroid-tssg/>

The Head & Neck and Thyroid TSSGs will be the KMCA Delivery Boards source of guidance on the implementation of the Head & Neck and Thyroid Cancer IOG, as well as the development of the clinical protocols and policies required to support this. As such these groups will expect organisations across Kent & Medway (K&M) to adhere to the principles set out in this document.

2.0 Kent & Medway

Kent & Medway has a resident population of about 1.9 million. Some residents from Sussex flow into Kent for oncological treatments expanding the population to approximately 2 million.

Total locality population	781,376			463,000		647,444	
Trusts	EKHUFT East Kent Hospitals University NHS Foundation Trust			MTW Maidstone & Tunbridge Wells NHS Trust		DVH Darent Valley Hospital (Dartford, Gravesham & Swanley)	MFT Medway NHS Foundation Trust (Medway & Swale)
Hospitals	K&C Kent & Canterbury	QEQM Queen Elizabeth the Queen Mother	WHH William Harvey	TW Tunbridge Wells	MS Maidstone	DVH Darent Valley Hospital	MMH Medway Maritime Hospital
Note	Whilst geographically outside K&M, for the purposes of cancer the Queen Victoria Foundation Trust (QVH) at East Grinstead fall under the umbrella of K&M						

3.0 The Head & Neck and Thyroid Cancer TSSGs

The Kent & Medway Cancer Collaborative established Head & Neck and Thyroid Cancer TSSGs (previously known as Disease Orientated Group – DOG) in 2002.

- The TSSG is IOG compliant
- The TSSG has multidisciplinary / multi-professional membership which is drawn from:
 - Each of the acute Trusts providing Local/Specialist level service
 - Primary Care
 - Patient/Users
- The TSSG has a multidisciplinary/multiprofessional membership which is drawn from:
 - Each of the acute trusts providing Head & Neck and Thyroid cancer MDT services
 - Primary Care
 - Patient/users

Named Leads for the Head & Neck TSSG are:

Chair	:	Mr Nic Goodger Consultant
KMCC Lead	:	Annette Wiltshire, KMCC
Non-Surgical Oncology Group (NOG) Lead	:	Kannon Nathan, Consultant Oncologist
Research and Trials Lead	:	Claire Rodd
Users Issues Lead	:	Sue Honour, CNS
Named Admin Support	:	Karen Glass & Colin Chamberlain, KMCC

A full list of current membership is available from the Head & Neck TSSG attendance record – a copy of which is located on the K&M Cancer website:

<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/head-and-neck-tssg/>

Named Leads for the Thyroid TSSG are:

Chair	:	Dr Jeremy Davis, Consultant Otolaryngologist
KMCC Lead	:	Annette Wiltshire, KMCC
Non Surgical Oncology Group (NOG) Lead	:	Kannon Nathan, Consultant Oncologist
Research and Trials Lead	:	Alistair Balfour, Consultant
Users Issues Lead	:	Sue Honour, CNS
Named Admin Support	:	Karen Glass & Colin Chamberlain, KMCC

A full list of current membership is available from the Thyroid TSSG attendance record – a copy of which is located on the K&M Cancer website:

<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/thyroid-tssg/>

4.0 Head & Neck Cancer Service Delivery

Patients with Head & Neck Cancer will be managed by the designated named teams detailed in the table below. There will be a single ward within the catchment area of each MDT designated for the care of patients following major Head & Neck surgery. Head & Neck wards will have a nursing establishment that facilitates at least one grade 5 registered nurse trained in the care of tracheostomies to be on duty at all times. Specialist H&N wards will have appropriate levels of support from Speech and Language Therapy and from Dietetics.

	Eastern & Kent Coastal Teaching Population 781,376			West Kent Population 463,000		Medway, Swale and Dartford, Gravesham & Swanley (DGS) Population 647,444		QVFT
Trusts	EKHT			MTW		DGS	MFT	QVH ^E
Hospitals	K&C	QEQM	WHH	TWH ^A	MS ^B	DVH ^C	MMH ^D	
							MCH ^F	
MDT Meetings	✓ ¹				✓ ¹			
MDT Lead Clinician	Alistair Balfour			Laurence Newman				
MDT H&N CNS	Sue Honour, Abbi Smith			Pauline Mortimer Debbie Hannant, Addy Katandika				
MDT Radiologists	Paul Elton, Kashif Naeem			Natalie Ryan, Dennis Baker, Mohamed Kenawi				
MDT Cellular Pathologists	Nicola Chaston, Eranga Nissanka-Jayasuriya			Bill Barrett, Mary Boyle, Ann Fleming				
MDT Clinical Oncologists	Kannon Nathan, Jennifer Turner			Andriana Michaelidou, Anthi Zeniou				
MDT Restorative Dentist	Andrew Elder			Lakshmi Rasaratnam				
MDT Maxillofacial Surgeons	Nic Goodger, Jeremy McKenzie, David Tighe, Khari Lewis, Kemal Tekeli			Paul Norris, Laurence Newman, Brian Bisase, Ash Ghulati				
MDT ENT Surgeons	Vikram Dhar, Alistair Balfour, Chris Theokli, Robert Hone, Ali Al-Lami			Jeremy Davis, John Shotton, Pei-Pei Cheang, Navdeep Upile, Coimbatore Praveen, Nissanka Jayasuriya.				
MDT Plastic Surgeon				Dan Butler				
MDT Dedicated Ward Sisters	Jenny Paton							
MDT Dieticians	Lydia Capon, Lauren Diamond			Carole Drabble				
MDT SALT	Sarah Stevens, Sarah Hale, Leila Williams, Anna Brown, Claire Forsyth			Helen Vaughan, Kitty Peplow, Samantha Briggs Claire Rodd				
Extended Members	Nicola Somerville, Di Neeley Anaesthetists			Ali Diba Anaesthetist				
Macmillan H&N Radiotherapy Specialist	Rachel Hopson			Dan Miller				
MDT Member responsible for patient & carer issues	Sue Honour, Abbi Smith			Pauline Mortimer, Debbie Hannant				
MDT Co-ordinators	Maria Bolt			Emily Sanders				
Surgery undertaken at			✓					✓
24H microvascular cover for "Flaps"			✓					✓
H&N Clinics	✓	✓	✓	✓	✓	✓	✓	✓
Lump Clinics	✓	✓	✓	✓	✓	✓	✓	✓
Designated joint H&N / ENT Wards			✓ Rotary	✓ Ward 12			✓ McCulloch	✓ Canadian Wing
HDU			✓	✓			✓	✓
ITU			✓	✓			✓	✓

5.0 Thyroid Cancer Service Delivery

Patients with Thyroid Cancer will be managed by the designated named teams detailed in the table below. There will be designated wards within the catchment area of each MDT for the care of patients with Thyroid Cancer. These wards will have appropriate levels of support from Speech and Language Therapy and from Dietetics.

Designated thyroid surgeons are required to fulfil all the following criteria:

- attend in person at least two-thirds of all Thyroid Cancer MDT meetings
- discuss all patients with Thyroid Cancer under their care at the appropriate Thyroid Cancer MDT meeting
- attend Thyroid TSSG meetings on a regular basis
- undertake a minimum of 20 thyroid surgical procedures per year; these may include surgery for cancer and for benign disease.

	Eastern & Kent Coastal Teaching Population 781,376			West Kent Population 463,000		Medway, Swale and Dartford Gravesham & Swanley (DGS) Population 647,444	
Trusts	EKHT			M&TW		DGS	MFT
Hospitals	K&C	QEQM	WHH	TWH ^A	MS ^B	DVH ^C	MMH ^D
MDT Meetings	✓				✓		
MDT Lead Clinician	Chris Theokli			John Shotton			
MDT CNS	Sue Honour, Abbi Smith			Pauline Mortimer, Debbie Hannant			
MDT Radiologists	Mohammed Eraibey			Alexis Corrigan			
MDT Cellular Pathologists	Nicola Chaston			Mary Boyle			
MDT Clinical Oncologists	Kannon Nathan			Gemma McCormick			
Surgeons	Vikram Dhar, Alistair Balfour, Chris Theokli, Rob Hone, Ali Al-Lami			Jeremy Davis, John Shotton, Julian Hamann, Ibrahim Ahmed,			
Nuclear Medicine Specialists	Maria Acosta			Maria Acosta			
Endocrinologists	Cristina Grigoras			Jesse Kumar			
MDT Member responsible for patient & carer issues	Sue Honour Abbi Smith			Pauline Mortimer, Debbie Hannant			
MDT Co-ordinators	Maria Bolt			Emily Sanders			
Surgery undertaken at	✓		✓	✓		✓	✓
Thyroid Clinics	✓	✓	✓	✓	✓	✓	✓
Lump Clinics	✓	✓	✓	✓	✓	✓	✓
Designated Wards			Rotary Suite	Ward 12		Cherry	McCulloch
HDU	✓		✓	✓		✓	✓
ITU	✓	✓	✓	✓		✓	✓

6.0 Designated Thyroid Surgeon for Lymph Node Resections

Lymph node resections in patients with Thyroid Cancer must be undertaken only by surgeons designated by the Thyroid TSSG. Surgeons designated to perform lymph node resections on thyroid cancer patients are listed below:-

Thyroid Cancer MDT	Surgeon	Role
East Kent	Mr A Balfour	ENT Surgeon
	Mr V Dhar	ENT Surgeon
	Mr Chris Theokli	
	Mr Rob Hone	
	Ali Al-Lami	ENT Surgeon
West Kent	Mr J Davis	ENT Surgeon
	Mr J Shotton	ENT Surgeon
	Mr N Upile	ENT Surgeon

7.0 Catchments & diagnostics clinics for Head & Neck Cancer

As a general principle, patients referred under the 2WW rule will be seen as close to home as possible. However, MDTs may offer appointments for initial assessment and for subsequent diagnosis and staging at other hospitals if necessary to ensure more rapid assessment.

Diagnostic clinics for Head & Neck Cancer are held at the hospitals shown in the table below:-

	Trust	Diagnostic clinic	MDT	H&N Surgery
Eastern & Coastal Kent Population 781,376	East Kent Hospitals University NHS Foundation Trust	K&C (Canterbury)	East Kent	WHH
		QEQM (Thanet)		
		WHH (Ashford)		
Medway, Swale and Dartford Gravesham & Swanley (DGS) Population 647,444	Medway Foundation Trust Hospital	MFT (Medway & Sittingbourne)	West Kent	QVH
	Dartford, Gravesham & Swanley NHS Trust	DVH (Darent Valley)		
West Kent Population 463,000	Maidstone & Tunbridge Wells NHS Trust	Maidstone		
		Tunbridge Wells (Pembury)		
West Sussex (8,000 population - proportion of total population)	Queen Victoria Foundation Trust	QVH		

8.0 Catchments & diagnostics clinics for Thyroid Cancer

As a general principle, patients referred under the 2WW rule will be seen as close to home as possible. However, MDTs may offer appointments for initial assessment and for subsequent diagnosis and staging at other hospitals if necessary to ensure more rapid assessment.

Diagnostic clinics for Thyroid Cancer are held at the hospitals shown in the table below:-.

	Trust	Diagnostic clinic	MDT	Thyroid Surgery
Eastern & Coastal Kent Population 781,376 (Patients flows from Swale are mainly into Medway Maritime)	East Kent Hospitals University NHS Foundation Trust	K&C (Canterbury)	East Kent	K&C
		QEQM (Thanet)		WHH
		WHH (Ashford)		
Medway, Swale and Dartford Gravesham & Swanley (DGS) Population 647,444	Medway Foundation Trust Hospital	MFT (Medway & Sittingbourne)	West Kent	MFT
	Dartford, Gravesham & Swanley NHS Trust	Darent Valley (DVH)		
West Kent Population 463,000	Maidstone & Tunbridge Wells NHS Trust	Maidstone		Tunbridge Wells (Pembury)
		Tunbridge Wells (Pembury)		
West Sussex (8,000 population – proportion of total population)				

9.0 Local Support Groups (Teams)

Local Support Teams for Head & Neck Cancer are responsible for the after-care and rehabilitation of Head & Neck Cancer patients within a given geographical area. There are three Local Support Teams within Kent & Medway:-

	Trusts	Hospital Teams	Local Support Teams
Eastern & Coastal Kent Population 781,376	East Kent Hospitals University Foundation Trust	Kent & Canterbury Queen Elizabeth the Queen Mother William Harvey <i>Single MDM at Canterbury</i>	<u>Team 1</u> Effective Network of Support in the Community
Medway, Swale and Dartford Gravesham & Swanley (DGS) (patient flows from Swale are mainly into Medway) Population 647,444	Medway NHS Foundation Trust	Medway Maritime <i>Single MDM at Maidstone</i>	<u>Team 2</u> Joint Medway/Dartford Locality Support Team
	Dartford, Gravesham & Swanley NHS Trust	Darent Valley <i>Single MDM at Maidstone</i>	
West Kent Population 463,000	Maidstone & Tunbridge Wells NHS Trust	Maidstone Tunbridge Wells (Pembury) <i>Single MDM at Maidstone</i>	<u>Team 3</u> Joint MTW/QVH Locality Support Team
	Queen Victoria Foundation Trust Hospital East Grinstead	Queen Victoria <i>Single MDM at Maidstone</i>	

10.0 Specialist Palliative Care Support

All patients will have access to Specialist Care Support. Kent & Medway based Hospices are outlined in the table below:-

	Trusts	Hospital Teams	Hospice Teams
Eastern & Coastal Kent Population 781,376	East Kent Hospitals University Foundation Trust	Kent & Canterbury Queen Elizabeth the Queen Mother William Harvey	Pilgrims Hospices in East Kent: Canterbury Margate Ashford
Medway, Swale and Dartford Gravesham & Swanley (DGS) (Patient flows from Swale are mainly to Medway) Population 647,444	Medway NHS Foundation Trust Dartford, Gravesham & Swanley NHS Trust	Medway Maritime Darent Valley	Wisdom Hospice Ellenor Lions Hospice
West Kent Population 463,000	Maidstone & Tunbridge Wells NHS Trust	Maidstone Kent & Sussex	Heart of Kent Hospice Hospice in the Weald

11.0 Function of the TSSG – Terms of Reference

A copy of the full Terms of Reference for all TSSGs is located on the KMCC website:
<http://kmcc.nhs.uk/tumour-sites/terms-of-reference/>

The role of the TSSG Chair is included in the TSSG Chair Job Description, a copy of which is located on the KMCC website: <http://kmcc.nhs.uk/tumour-sites/terms-of-reference/>

12.0 Research & Trials

It is the responsibility of the TSSG Chair to ensure that the Clinical Trials Report is discussed at the two TSSG meetings held within the 12 month period.

The national initiative to restructure the Research Networks to 15 Local Research Networks has resulted in a reconfigured structure for delivering clinical research across England:-

- The three local Cancer Research Networks are now part of the NIHR Clinical Research Network: Kent, Surrey and Sussex
- The new organisation coordinates clinical research and facilitates study set up and delivery, through 30 disease specialties, of which Cancer is one
- The transition to the new organisational structure is ongoing and when the Research work plan is formalised, it will be included in the TSSG work plan
- The Research and Trials section on the TSSG agenda provides a platform for discussion of cancer clinical studies and act as a resource for information pertaining to those studies

13.0 Non- Surgical Oncology Group (NOG)

The Head & Neck/Thyroid NOG was formally established in 2008 and meets twice per year.

A copy of the NOG full Terms of Reference is available on the KMCC website:

<http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/network-chemotherapy-group/network-oncology-pharmacy-group/>

A copy of the NOG work plan is included in the Head & Neck and Thyroid TSSG work plan, located on the KMCC website:-

<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/head-and-neck-tssg/>

A copy of the Oncological Treatment of Head & Neck and Thyroid Cancer guidance documents are located on the KMCC website:

<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/head-and-neck-tssg/>

<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/thyroid-tssg/>

14.0 Children & Young People (CYP) / Teenage & Young Adult (TYA)

14.1 Children & Young People (CYP)

Children and Young People with Head & Neck or Thyroid Cancer will be treated in accordance with principles set out in the CYP IOG.

All Children and Young People up to the age of 18 must be referred to the CYP Principal Treatment Centre which for Kent & Medway is based at the Royal Marsden Hospital.

All Young People between 16 and 24 years of age must be offered a referral to the CYP Treatment Centre and referred to their local Teenage and Young person Clinical Nurse Specialist. There is one located for West Kent and one for East Kent based at the relevant Oncology Centres.

CNS' for Thyroid QVH - Addy Katandika

And H&N MMH - Debbie Hannant/Debbie Owen
 MTW - Eve Bateta
 MTW – Oncology – Ruth Casey

Referral to a CYP Principal Treatment Centre does not necessarily mean that treatment will be undertaken at that Centre; shared care management protocols may allow some treatments to be undertaken locally.

14.2 Teenage & Young Adult (TYA)

The main principles in the Teenage & Young Adult guidance are as follows:

- The 16-18 age group should be seen and treated at the TYA Principal Treatment Centre (PTC) and have their management plans discussed by the TYA PTC. Although shared care can be arranged as part of the pathway
- Young People aged 19-24 years must be given choice where they would like to be treated either:
 - in the TYA Principal Treatment Centre.
 - Or**
 - an adult service designated by Commissioners to treat young adults 19 to 24 years.
- In both cases all young people must be given access to the services and resources offered by the TYA MDT at the PTC, this may be remotely or through specified clinical services or supportive

Activities, and each Trust will need a mechanism to identify all new TYA patients regardless of which MDT they initially present to.

15.0 Data & Data Collection

Collection of data at each stage of the pathway is the responsibility of the team looking after the patient at that time. The minimum dataset agreed by the TSSG will be a combination of those data items that meet national requirements, and additional items as agreed by the TSSG.

National data requirements will include:

- Cancer Waiting Times monitoring, including Going Further on Cancer Waits. The data items required will be as defined in ISB0147 at the time of referral and/or treatment.

Cancer Waiting Times data will be submitted according to the timetable set out in the National Contract for Acute Services.

- The Cancer Outcomes and Services Dataset. The data items will be as defined in ISB1521, and any subsequent versions, at the time of diagnosis and/or treatment. The requirement will include those fields listed in the "Core" section of the dataset, and any additional tumour site specific sections, as applicable.

Details of the COSD are available from:

http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd.aspx

Cancer Registration and Cancer Outcomes and Services (COSD) data will be submitted according to the timetable set out by Thames Cancer Registry.

Data for NCASP audits will be submitted, where applicable, according to timetables as agreed by the TSSG, and within the overall submission deadlines for each audit.

Submission of data to meet these national requirements will be the responsibility of each individual Trust.

Note that these standards are subject to variation from time to time, and where these requirements change, the data items required to be collected by the team will also change in line with national requirements.

Local data requirements will include any additional data items as agreed by the TSSG. These must be selected to avoid overlap with any existing data items, and where possible must use standard coding as defined in the NHS Data Dictionary.

Where possible and applicable, InfoFlex will be used for the collection and storage of data.

Additional areas of the COSD, relating to pathology, radiotherapy, SACT, diagnostic imaging and basic procedure details will feed into the dataset from other nationally mandated sources. It is the responsibility of each team to ensure that the whole of the relevant dataset is collected, and it is acknowledged that this may come from a variety of sources.

It is a mandatory requirement that all surgeons recognised for thyroid cancer surgery collect data on outcomes and upload this data to an appropriate national database for access by patients. All thyroid surgeons who are members of MDTs covered by this Higher Operational Policy are strongly encouraged to upload their thyroid outcome data onto the British Association of Endocrine and Thyroid Surgeons (BAETS) national audit.

16.0 Pathology

- All K&M cancer reporting pathologists follow The Royal College of Pathologists Histopathology Reporting on Cancers guidelines – a copy of which is available through the KMCC website:-
- <http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/pathology-group/>
- Core Cell Path members of the MDT should be taking part in a general (but recognised) EQA scheme. It is expected that Trusts will monitor this and inform the K&M Cancer Team in the event of any deviation from this. The Trusts should also take responsibility for agreeing and implementing any remedial actions arising from either any non compliance with this measures and/or matters identified through the EQA process.
- Core Cell Path members of the K&M Head & Neck and Thyroid Cancer Teams (and any other Cellular Pathologist providing a Head & Neck or Thyroid Cancer Service) will participate in any Head & Neck and Thyroid TSSG agreed cell path related audits.

17.0 Imaging

Imaging guidelines for Head & Neck and Thyroid Cancers can be located in the K&M agreed document located on the KMCC website on the following link:

<http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/diagnostics-group/>

18.0 Glossary

Acronyms in common usage throughout KMCC documentation:-

CYP	Children & Young People (in relation to the IOG)
DCCAG	Diagnostic Cross Cutting Advisory Group
IOG	Improving Outcomes Guidance
DOG	Disease Orientated Group (NSSG/TSSG/TWG)
DVH	Darent Valley Hospital
EK	East Kent
EKHUFT	East Kent Hospitals University Foundation Trust
HoP	High Level Operational Policy
IOSC	Improving Outcomes: A Strategy for Cancer
K&C	Kent & Canterbury Hospital, Canterbury, (EKHUFT)
K&M	Kent & Medway
KMCA	Kent & Medway Cancer Alliance
KMCC	Kent & Medway Cancer Collaborative
LSESN	London & South East Sarcoma Network
MDT	Multidisciplinary Team
MFT	Medway Foundation Trust
MTW	Maidstone & Tunbridge Wells NHS Trust
NOG	Non Surgical Oncology Group <i>(Permanent oncologist sub group of the TSSGs with a specific responsibility for chemo/rad pathways and advice to the TSSG, KMCC and geographical locations on new drugs)</i>
PoC	Pathway of Care <i>(KMCC agreed disease site specific clinical guidelines)</i>
QEQM	Queen Elizabeth the Queen Mother Hospital, Margate (EKHUFT)
QoL	Quality of life
RAT	Research and Trial Group <i>(Permanent sub-group of the TSSGs with a specific responsibility for taking forward the clinical trials agenda)</i>
RMH	Royal Marsden Hospital
RNOH	Royal National Orthopaedic Hospital
TSSG	Tumour Site Specific Group
TWH	Tunbridge Wells Hospital

QVH	Queen Victoria Foundation Trust Hospital, East Grinstead
UCLH	University College Hospital London
WHH	William Harvey Hospital, Ashford (EKHUFT)
WK	West Kent

19.0 Revision History

Document Title	Head & Neck and Thyroid Cancer – A High Level Operational Policy
Principal author(s)	N.Rowell/M.Harron
Co-author(s)	A.Jackson/I.Vousden/J.Davis/P.Ryan/TSSG members
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Revision History			
Date of revision	New Version Number	Nature of Revision	Confirmation of Accuracy By
Mar 2009	0.1	Draft: development of Draft OP	A.Jackson
May 2009	0.2	Draft: Changes to general template and lessons learned from May 2009 external peer review inserted	A.Jackson
Apr 2010	0.3	Draft: update in response to 2010 quality measures	A.Jackson
Apr/May 2010	0.4	Draft: MDT membership and contact details updates	C.Tsatsaklas
Sept 2010	1.0	FINAL: incorporated N.Rowell updates & general text body formatting, links etc	C.Tsatsaklas/H&N/Thy DOG
Sept 2010	1.1	Draft: amendments made in line with peer review local validation panel	J.Bullass
Sept 2010	2.0	FINAL: final general updates	C.Tsatsaklas/H&N/Thy DOG
Aug 2011	2.2	DRAFT: updates	N.Rowell
Aug 2011	2.3	DRAFT: further amendments made	I.Vousden
Feb 2014	2.4	DRAFT: Removed text relating to DOGs, PCTs, KMCN – replaced with TSSGs, CCGs, Cancer Team	C.Tsatsaklas
Mar 2014	2.5	DRAFT: Clinical text updated H&N&T TSSG	N.Rowell/M.Harron/H&N&T TSSG
April 2014	3.0	Final/Published: ratified by Operational & Quality Group	Operational & Quality Group
May 2015	3.1	Draft – wording changes in sections 5.0 and 15.0 by M.Harron	M.Harron/ TSSG
July 2015	3.2	Draft – changes made to H&N and Thyroid Sections i.e changes in names etc. Amends by N.Rowell/ D.Hannant/N.Aluwalia	
October 2015	3.3	Amendment to Thyroid Named Lead	N.Aluwalia

December 2015	3.4	Amendments as discussed in the Head & Neck and Thyroid TSSG meetings. Circulation to P.Ryan for approval	N.Aluwalia
March 2016	3.5	Received as approved by PR for Thyroid, SALT information amends required for H&N, await final approved document. Updates made to the RAT section of the policy which now requires TSSG approval.	N.Aluwalia/P.Ryan/J.Davis
May 2016	3.6	Amendments to catchment diagrams for Swale/DVH. Ratification complete at H&N/Thyroid TSSGs 24/5/16 following additions to East Kent sections advised by Sue Honour	N.Aluwalia/S.Honour
June 2016	4.0	Following minor grammatical amends to this document, document is now ratified by the O&Q Group	N.Aluwalia
March, September & October 2020	4.1	Draft – changes to 3.0, 4.0, 5.0 & 19.0. Document to be circulated for updates on all sites across K&M	J.Davis/N Goodger/A Wiltshire
March 2021	5.0	Final – All changes have had final approval following the TSSG in March 2021	J. Davis/N. Goodger/A. Wiltshire
March 2021	5.1	Draft – Following the TSSG in March 2021 further updates to be included in the document.,	J. Davis/N. Goodger/A. Wiltshire
August 2021	5.2	Draft – Updates to including MDT national guidance.	N. Goodger /J. Davis / A. Wiltshire
September 2021	5.3	Draft - document to share with TSSG members for comments & approval.	N. Goodger /J. Davis / A. Wiltshire
November 2021	6.0	Final – Ratified following the TSSG meeting 20.09.21	N. Goodger /J. Davis / A. Wiltshire