Head & Neck Tumour Site Specific Group meeting
Tuesday 16th March 2021
Microsoft Teams
14:00 – 16:30

Final Meeting Notes

Present	Initials	Title	Organisation
Nic Goodger (Chair)	**NG**	Consultant Maxillofacial Surgeon	EKHUFT
Chris Hopkins	**CHo**	Cancer Compliance Manager	EKHUFT
Sarah Stevens	**SSt**	Speech & Language Therapist	EKHUFT
Sue Honour	**SH**	Lead Head & Neck and Thyroid CNS	EKHUFT
Khari Lewis	**KL**	Consultant – OMFS	EKHUFT
Ali Al-lami	**AAL**	Consultant ENT / Head & Neck Surgeon	EKHUFT
Nicola Chaston	**NC**	Consultant Cellular Pathologist	EKHUFT
David Tighe	**DT**	Consultant Oral and Maxillofacial Surgeon	EKHUFT
Eranga Nissanka-Jayasuriya	**ENJ**	Consultant Cellular Pathologist	EKHUFT
Craig Hickson	**CHi**	ENT Registar	EKHUFT
Robert Hone	**RHon**	Consultant ENT Surgeon	EKHUFT
Lakshmi Rasaratnam	**LR**	Consultant in Restorative Dentistry	EKHUFT
Samantha Briggs	**SB**	Acute Speech & Language Therapist	DVH
Lydia Capon	**LC**	Oncology Dietician	Kent Community Health NHS Foundation Trust
Serena Gilbert	**SGi**	Cancer Performance Manager	KMCA
Colin Chamberlain (Notes)	**CC**	Administration & Support Officer	KMCC
Karen Glass	**KG**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
James Shaw	**JSha**	Deputy General Manager	MFT
Jeremy Davis	**JD**	Consultant ENT Surgeon	MFT
Cynthia Matarutse	**CM**	Lead Cancer Nurse	MFT
Debbie Hannant	**DH**	Head & Neck CNS	MFT
Dennis Baker	**DBa**	Consultant Radiologist	MTW
Andriana Michaelidou	**AM**	Consultant Medical Oncologist	MTW
Kannon Nathan	**KN**	Consultant Clinical Oncologist	MTW
Rachel Hopson	**RHop**	Macmillan Head & Neck Specialist Radiographer	MTW

Chris Singleton	**CS**	Senior Programme Manager – KMCA	NHS Kent & Medway CCG
Rakesh Koria	**RK**	Macmillan GP Associate Advisor & NHSE GP Appraiser	NHS Kent & Medway CCG
Bana Haddad	**BH**	Macmillan GP / Clinical Lead – LWBC/PC&S	NHS Kent & Medway CCG / KMCA
Adiola Katandika	**AK**	Head & Neck CNS	QVH
Claire Rodd	**CR**	Specialist Speech & Language Therapist	QVH
Victoria Worrell	**VW**	Access & Performance Manager	QVH
Brian Bisase	**BBi**	Consultant Maxillofacial Surgeon	QVH
Bill Barrett	**BBa**	Consultant Oral Pathologist	QVH
Montey Garg	**MG**	TIG Head & Neck Fellow	QVH
Aakshay Gulati	**AG**	Consultant Maxillofacial Surgeon	QVH
Pauline Mortimer	**PMo**	Macmillan Head & Neck CNS	QVH
Daniel Butler	**DBu**	Consultant - Head & Neck Surgery	QVH
Nav Upile	**NU**	Consultant Otolaryngologist Head & Neck Surgeon	QVH
Paul Norris	**PN**	Consultant Maxillofacial Surgeon	QVH
Apologies			
Alistair Balfour	**AB**	Consultant ENT Surgeon	EKHUFT
Pippa Miles	**PMi**	Senior Service Manager	EKHUFT
Sue Drakeley	**SD**	Clinical Trials Practitioner	EKHUFT
Jeremy McKenzie	**JM**	Consultant Head & Neck/Maxillofacial Surgeon	EKHUFT
Chris Theokli	**CT**	Consultant ENT / Head & Neck Surgeon	EKHUFT
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCC
Kitty Peploe	**KP**	Specialist Speech & Language Therapist	Medway Community Healthcare
Nick Rowell	**NR**	Consultant Clinical Oncologist	MTW
John Shotton	**JSho**	Consultant ENT Surgeon	MTW
Anthi Zeniou	**AZ**	Consultant Clinical Oncologist	MTW
Sona Gupta	**SGu**	Macmillan GP & Cancer Lead	NHS Kent & Medway CCG
Stefano Santini	**SSa**	Macmillan GP & Cancer Lead	NHS Kent & Medway CCG
Jack Jacobs	**JJ**	Macmillan GP & Cancer Lead	NHS Kent & Medway CCG
Helen Graham	**HG**	Research Delivery Manager	NIHR
Anwer Abdullakutty	**AA**	Consultant – OMFS	QVH
Laurence Newman	**LN**	Consultant Maxillofacial Surgeon	QVH
Nicola Miller	**NM**	Clinical Audit & Outcomes Specialist	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. **Review Action log** • The action log was reviewed, updated and will be circulated with the minutes from today's meeting. **Review previous Minutes (06.10.2020)** • The minutes from the last meeting were reviewed and agreed as a true and accurate record.		
2	**Research**	**Update provided by Claire Rodd** • CR stated most studies had been put on hold due to COVID. • The BEST OF trial is currently on hold at QVH. • The PATHOS trial is currently on hold at EKHUFT. • QVH are looking to commence with the SAVER and PQIP studies next month. • QVH hope to initiate a trial monitoring quality of life on functional outcomes in reconstructive jaw surgery patients.		
3	**MDT Streamlining**	**Update provided by Serena Gilbert** • SGi encouraged the members to visit the following link in order to study the comprehensive NHSE/NHSI guidance (which CC has since sent to the members) on how to optimise MDT meetings through streamlining: ***https://www.england.nhs.uk/wp-content/uploads/2020/01/multi-disciplinary-team-streamlining-guidance.pdf*** • SGi stated Andy Nordin had contributed to the document and is running the gynaecology MDT meetings at EKHUFT in accordance with that. In view of this, SGi encouraged the members to link in with other teams/Trusts who are in the process of implementing this approach in order to learn from them. • BBi stated QVH had been working on the streamlining piece for some time before COVID halted progress. They had been working on trying to speed up the MDT meetings, whilst still preserving clinically meaningful conversations, by:		

		- having pre-MDT meetings to remove certain cases prior to the full MDT - reducing the number of staff members they have in one room - ensuring diagnostic results are available for review. • NU specified LN had also taken the initiative in moving this forward at QVH by protocolising certain segments of their cases. • BBi added he believes most MDT meetings will take place virtually for the foreseeable future, especially in view of the fact many clinicians prefer this method.		
4	**Horizon Scanning**	**<u>QOMS – update provided by David Tighe</u>** • DT stated he is the deputy clinical lead for the new national QOMS audit tasked with the collection of outcome data pertinent to measuring and benchmarking unit performance in delivering maxillofacial care to patients throughout the UK. They have just started the distribution of funds to 10 units, each receiving £6500 to support clinical coding activity, which will help surgeons upload their outcome data. • The next round of data collection will last 12 months, starting from late-April 2021. • Units without funding are still encouraged to engage in the QOMS project and submit data. • The first QOMS report is expected to be published in mid-2022 and will be a first in terms of trying to reference metrics, including: length of stay, flap survival, lymph node harvest yield and complications data. • DT confirmed CAG exemption is in place for the collection of data. • Posters will be put up in the maxillofacial unit clinical areas at EKHUFT highlighting the fact they intend to collect data. Patients will have the opportunity to opt out of this should they wish to. **<u>Faster Diagnosis Standards/28 days – update provided by Serena Gilbert</u>** • SGi stated the 28d FDS was intended to be a formal standard in April 2020 but had to be deferred due to COVID. • The data will be collected from April 2021, published from July 2021 and officially monitored as a performance standard from October 2021. In view of this, SGi highlighted the importance of truly understanding the standard and ensuring it is recorded correctly for compliance and completeness purposes. • There have been a number of discussions around the 2ww standard being phased out but this would need to be agreed at parliamentary level. • The aim will be to ensure Trusts achieve 75% data completeness. • This standard will form part of the performance presentations at future meetings.		

		• SH stated the H&N Pathway Navigator at EKHUFT has been actively monitoring 28d data for some time and this has helped their data collection. • VW confirmed QVH have been monitoring 28d data completeness, as well as compliance, for over a year and have only failed the target twice.		
5	**Performance**	**<u>EKHUFT – update provided by Chris Hopkins</u>** • EKHUFT met the 2ww standard in December 2020, January 2021 and February 2021. They are having daily calls with the team to ensure capacity is managed and to deal with any issues raised. CHo also mentioned the number of 2ww referrals had been steadily increasing over the last 2 months. • They met the 31d standard in December 2020 and January 2021 but failed to do so in February 2021. Daily calls with the team ensure any issues flagged up through PTL tracking are dealt with. • The Trust hit the 62d target in December 2020 but failed to do so in January 2021 and February 2021 predominantly due to patient choice, delays in investigations and complex pathway cases. • EKHUFT had no 104d+ cases between December 2020 and February 2021. • In terms of 62d backlogs, they had none in December 2020 and January 2021 but 1 in February 2021. • For both the 28d compliance and completeness standards, they met the targets in all 3 months. Administrative support is in place in order to improve data collection and accuracy with Pathway Navigators entering 28d data on to InfoFlex as soon as it becomes available. **<u>MFT – update provided by James Shaw</u>** • They met the 2ww standard in November 2020 and December 2020 but failed to do so in January 2021. • MFT had no 31d patient data in November 2020 and succeeded in achieving the standard in December 2020 and January 2021. • The Trust failed to hit the 62d standard in November and December 2020 but did so in January 2021. • They failed to achieve the 28d compliance target in all 3 months. This has also been an issue for other tumour sites at MFT and is being worked on as part of the overall recovery plan at the Trust. • NU stated the Trust had struggled with personnel issues, with their radiology department workforce approximately halved at one point.		

		MTW • Although there was no MTW cancer/data manager representation at today's meeting, NG asked for the Trust's data to be reviewed. • For 2ww, they failed to hit the standard in November 2020 but did so in December 2020 and January 2021. • They achieved the 31d standard in all 3 months. • MTW hit the 62d standard in November 2020 but failed to in December 2020 and January 2021. • The Trust had no 104d+ cases in November 2020, 1 in December 2020 and then 0 again in January 2021. • They had 9 backlogs in November 2020, 13 in December 2020 and 12 in January 2021. • The Trust achieved the 28d compliance target in November 2020 but failed to do so in December 2020 and January 2021. • With regards to 28d data completeness, MTW failed to hit the standard in all 3 months. • AW stated she had asked MTW for further information on why they had failed the 28d compliance targets in December 2020 and January 2021 and for details on breach reasons but has yet to hear back from the Trust. • **Action: JD stated he would send NG Philippa Moth's email address so he can follow this up with her and to request someone from the Trust present at future meetings.** **QVH – update provided by Victoria Worrell** • With regards to 2ww, they achieved the standard in December 2020 and February 2021 but failed to do so in January 2021 due in part to capacity issues. • In terms of their 31d performance, they met the standard in December 2020 and February 2021 but failed to do so in January 2021 due to a medical delay as the patient had COVID. • They failed to reach the 62d standard in December 2020, January 2021 and are likely to miss it in February 2021 too. This is primarily due to follow-up OPA and diagnostic biopsy capacity issues. • The Trust are working on a cancer improvement plan which is heavily focused on improving 62d performance. • With regards to the 28d target, they failed to hit the standard in January 2021 due to delays in patients having their first OPA over the Christmas and New Year period. They did, however, reach the target in December 2020 and February 2021. • They currently have 3 104d+ patients on their PTL, all of which are complex cases		**JD/NG**

		with clinical harm reviews in place. • QVH's 62d backlog is reducing. • They currently have just 2 patients on their PTL who have chosen to delay their own pathways.		
6	**2ww neck lumps – delays in diagnostic pathway**	**<u>Presentation provided by Craig Hickson</u>** • CHi gave a presentation based on the preliminary findings of an audit undertaken at EKHUFT looking at H&N lump 2ww referrals with the aim of identifying whether they were meeting the 62d standard and all the targets (including BAHNO) leading up to it – 2ww, 28d and 31d. • On a number of occasions, EKHUFT have noticed when requesting ultrasounds and core biopsies it can take a while to receive the results. The aim was to see if they could reduce the time from referral to scan to ensure quicker diagnosis and therefore improve outcomes. • Between 14.01.2019 and 18.08.2019 there were 206 H&N ultrasound scans with a core biopsy or FNAC. 37 of these cases came through the maxillofacial route and 169 from ENT. • Having reviewed the data, CHi mentioned some of the cases were removed as they were not 2ww referrals or the ultrasound scans were not requested on the 2ww pathway. 163 cases were selected for data analysis. • From referral to patients being seen in clinic took an average of 11 days. • From patients being seen in clinic to having the core biopsy or FNAC took an average of 19 days. • In view of the 2 previous bullet points, it took on average 30 days from a patient being referred to them having a scan. • In terms of suggestions on how they could get the biopsies performed and results quicker, CHi highlighted 3 options (including both the negatives and positives of each): 1. A true one-stop clinic with H&N consultant, radiologist and pathologist input 2. A 'one-stop' clinic with H&N consultant and radiologist input 3. A H&N clinic with future dedicated USS and core biopsy slots. • Locally, the aim is to set up a dedicated ultrasound clinic where they can send their neck lump cases from the week before for a biopsy and this will therefore reduce that part of the pathway. • In terms of considerations, CHi suggested it would be advisable to avoid Mondays for USS appointments due to Bank Holidays and the associated delay. Furthermore, 2018-2019 data shows EKHUFT perform anywhere from 2-11 USS' and core biopsies of neck lumps in a week.		

		• JD stated this is something MFT and DVH have been working on for some time. He believes there should be 6 calendar days from time of request to time of reported ultrasound (not including biopsy results). • JD mentioned it is important to include in audits whether the dataset is complete or not. • NC specified she is happy for CHi to link in with her from a pathology best practice perspective. • JD stated he believes it would be helpful to run a TSSG-wide audit on this item but highlighted the need for an agreement as to whether it should be run retrospectively or prospectively. • **<u>Action</u>: A consensus was reached for a TSSG-wide audit to be undertaken. NG agreed to take this forward with Vikram Dhar (H&N TSSG audit lead) before they link in with the other Trusts.**		**NG**
7	**Clinical Pathway Discussion**	**<u>HOP</u>** • **<u>Action:</u> NG asked AW to circulate the HOP document to both the Thyroid and H&N TSSG members for their review and comments, with a closing date of 02.04.2021.** **<u>POC</u>** • NG asked the members to review the PoC document, specifically the sections highlighted in red font (to indicate changes made) and yellow highlighting (indicating outdated website links). • With regards to the outdated Pathology website link (section 3.4), NC emailed AW the updated one following the meeting and this has now been included on the document. • **<u>Action</u>: SH specified the document should include a section on TYA. NG confirmed he would be happy to draft some text on this and put it as section 5.8.** • **<u>Action:</u> With regards to the outdated 'Specialist Palliative Care' website link (section 6.2), NG will liaise with Andrew Thorns/Palliative Care Consultants/Terri Oliver to obtain the updated one.** • **<u>Action:</u> NG to find the updated website links for the 'British Association of Head and Neck Oncologists (BAHNO) guidelines' (section 1.0) and 'National Clinical Audit Support Programme (NCASP) audit dataset' (section 10.0).** • **<u>Action:</u> Once the updated website links are implemented, AW will circulate the document to the group for their final review and comments with a closing date of 23.04.2021.**		**AW** **NG** **NG** **NG** **AW**

8	**CNS Updates**	**<u>EKHUFT – update provided by Sue Honour</u>** • They are starting to establish HNA's for patients at diagnosis, post-diagnosis, post-treatment and 1 year follow-up – all of which have been well-received. SH believes they will show an increased need for support services, for example referrals to counselling (which they are seeing an increase in). **<u>MFT – update provided by Debbie Hannant</u>** • DH asked if there were any updates in relation to the portable suction nebuliser piece as she was not present when it was discussed under the action log. She stated she had been contacted by people from both the Medway and Dartford communities requesting suction units for laryngectomy patients. Fortunately, she was able to obtain this from QVH for the Dartford case but has grave concerns suction units are running out. • SH stated sourcing the equipment is not an issue for East Kent laryngectomy patients who are given the suction unit and nebuliser prior to their discharge from hospital. • SH's colleague, Abbi Brissenden, has been liaising with occupational therapy in order to obtain the equipment and suggested DH contact the OT team at MFT if needed. **<u>Action:</u> BH also asked DH to email her articulating the issue they have in Medway regarding the lack of portable suction nebuliser equipment and she will then forward this to the Head of Nursing at Medway Community Healthcare (copying in CS from a commissioning perspective) to try and expedite the issue.** • DH advised not having this equipment in place for patients often ends up resulting in emergency admissions to hospital. • AK stated it is also important to have the consumables alongside the suction unit which the community providers may not supply. • NG asked DH to update him on this matter in a few weeks' time. **<u>MTW – update provided by Pauline Mortimer</u>** • They have recruited a new CNS (Ruth Casey) who CC has since added to the mailing list. **<u>QVH</u>** • AK stated she did not have any updates to provide from a QVH perspective.		**BH**
9	**Cancer Alliance update**	**<u>Update provided by Serena Gilbert</u>** The predominant aims of cancer services across the patch are to: • Restore urgent cancer referrals at least to pre-pandemic levels. In April 2020, K&M		

		dropped to around 39% of their normal level of referrals but this has steadily increased since. Surgeries have continued within COVID limits. In January and February 2021, there was a dip in the level of referrals and, in view of this, SGi suggested this could be discussed further with primary care to see if comms need to go out to emphasise to patients the importance of coming in to secondary care for appointments or inform them to be vigilant of their symptoms. • Reduce the backlog at least to pre-pandemic levels on 62 day (urgent referral and referral from screening) and 31 day pathways. In the midst of COVID, approximately 95% of our normal amount of surgeries took place. • Ensure sufficient capacity is in place to manage increased demand moving forward, including follow-up care. SGi mentioned independent sector provision will cease at the end of March 2021 and encouraged the members to repatriate any outstanding work if possible. • Reduce health inequalities. • Support the 28d FDS piece. • Ensure patients and staff are confident services are COVID-protected. • Ensure the right workforce is in place. • Restart Long Term Plan activity. • SGi concluded by thanking the members for their hard work in maintaining services throughout the pandemic.		
10	**CCG update**	**<u>Update provided by Chris Singleton</u>** • CS stated he and Laura Alton are the new K&M cancer commissioners following the merger of all individual CCG's on 01.04.2020. • They will be splitting the TSSG meetings between them, with CS to cover both Thyroid and H&N. • CS mentioned national planning guidance will be published shortly detailing priority areas for the remainder of the year and beyond. From a CCG perspective, cancer will be a priority – especially in relation to the recovery of services. • CS specified he is keen to work with the teams to help in improving pathways and services across the patch. • CS is working closely with colleagues on the newly-formed K&M Diagnostic Imaging Network (chaired by Miles Scott with input from K&M radiology managers and clinical representatives) and the 5 workstreams underpinning it. One of the workstreams, the community diagnostic hubs, are a national recommendation and they hope to make progress with this locally. It is likely the CDH's will serve a population of 150,000 but		

		the precise configuration is yet to be confirmed as is the degree to which they will incorporate the other rapid diagnostic services for cancer. • With regards to the diagnostic hubs piece, JD stated the Dartford and Medway areas are likely to serve a population of approximately 750,000 so a CDH serving 150,000 (especially for H&N) would risk the over-dilution of the necessary expertise to ensure good reporting. JD emphasised the importance of having the right clinicians engaged in this piece of work, including TSSG Chairs and/or MDT Leads. • They are in the process of doing some benchmarking work on the availability of scans, particularly on a direct access basis under NG12. • A rapid lymphadenopathy pilot has been initiated at EKHUFT and its pick up rate for cancer has thus far been good. It is hoped this service will be extended to the rest of K&M in due course. An issue around the availability of ultrasound-guided biopsies has been raised and is in the process of being looked in to.		
11	**AOB**	• From a 2ww/routine referral perspective, NG stated EKHUFT had ran business as usual and the only patients seen virtually were those with possible or confirmed COVID. From a primary care perspective, he is concerned a virtual physical examination is not necessarily sufficient to make an accurate clinical judgement and therefore encouraged face-to-face appointments be made instead. • JD stated MFT had significantly reduced the number of patients they were seeing face-to-face. Initial consultations have taken place virtually with the follow-up appointments face-to-face. Going forward, he believes it would be more suitable for patients to be seen face-to-face for the initial consultation where the necessary diagnostics can be carried out and the results could then be communicated virtually. From a primary care perspective, he believes the GP's should see patients face-to-face for an examination before a 2ww referral is made. • On a number of occasions, MFT have had to break bad news by telephone which JD stated is not ideal. • SH emphasised the importance of primary care making sure patients are being informed they are being referred in to secondary care on a 2ww with a suspicion of cancer and to highlight the need for them to come in for their appointments/diagnostics. RK stated he has worked with Macmillan GP's to circulate comms to other GP's across the patch to ensure they are aware of how important this is. • AG stated QVH have seen a number of delayed presentations and advanced cancers. He believes a number of patients are not informing their GP's of their symptoms until several weeks or months after they have presented themselves.		

		• AM stated the MTW CNS', radiographers, dieticians and SALT'S have had to deal with a lot of anxiety from patients associated with late presentations to secondary care/advanced cancers and emphasised the importance of being mindful of this, especially as it is likely K&M will see more of these cases than normal. • SSt stated EKHUFT had successfully recruited 2 further specialist SALT's. They currently have 1 full-time SALT and 1 who works part-time. In addition to this, they have 2 H&N SALT support workers. • JD specified he believes the MFT restorative dentistry piece is close to being finalised. There have been some contractual issues at both EKHUFT and MFT but JD and NG are confident this issue will be resolved imminently.		
	Next meeting	• Monday 20th September 2021 (13:30–16:30) – Microsoft Teams		