

Meeting of the PCA Head and Neck Site Specific Group

15th September 2017; 14:00-16:30

Lifton Farm Shop (Strawberry Fields Conference Room), Lifton, PL16 0DE

FREEDOM OF INFORMATION

This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

Draft Notes

Reference

1.0 Welcome and Introductions

Please refer to separate list of attendees [here](#).

2.0 **Research**

Peninsula research update presented by David Hwang;

1. [September-2017-Current-Recruitment-v-Target-per-specialty](#).
2. [September-2017-Research-Recruitment-Update](#).

2.1 Discussion

It was noted that patients are willing to travel to varied locations in order to participate in studies, and that funding for travel/accommodation can be obtained.

2.2 Some trials are easier to get into than others; there are approximately 20 studies/ year for head and neck as well as a few national studies. It was highlighted that recruitment across the Peninsula for Head and Neck is poor (in the past year only Exeter and Taunton has recruited to trials).

2.3 Each trust has their own research lead; however, it was acknowledged that greater support is required to ensure equity of access to trials, and that clinicians have the time to consider this as a potential option for each patient at MDT.

3.0 Patient Pathways

The RIG pathway at Exeter was discussed; it was suggested that it is not particularly user friendly and as a result, delays can arise. The pathway works well for a certain group of patients; however, for patients who are surgical/post-surgical, it was thought that surgical ward admission would be appropriate.

3.1 It was also suggested that communications with patients on this pathway could be improved and that there does not appear to be any overall coordination.

3.2 Action

NK to email MDT leads for Exeter and Torbay MDT to initiate further discussion on these issues.

4.0 Service Development Across the Peninsula

Plymouth: concerns were raised about junior doctors on rotation and a shortage of SHO's. There have been difficulties providing adequate ward cover which has been temporarily addressed by filling with Locums and/or Registrars acting down, however, this can impact on morale as well as learning and development opportunities available to SpRs.

4.1 Exeter (and Torbay) is experiencing a shortage of pathologists and delays to the patient's pathway are occurring because of outsourcing. The current situation is unpredictable; however it is acknowledged that this is a Nationwide problem.

4.2 Exeter also has a shortage of F2s and anticipates that this situation will continue over the coming months. SpRs are frequently required to provide cover and there is no foreseeable solution to this issue. Concern was raised as to the current "Top Heavy" status of the workforce, succession planning for Head and Neck services and whether this may lead to centralisation of services.

4.3 Possible solutions to workforce issues included looking at the role of nurse practitioners to provide ward cover at night (instead of F2s) -this has been successfully undertaken in Ipswich.

5.0 Living with and Beyond Cancer (LWBC)

LWBC is well established in Exeter; selected site specific as well as generic health and well-being clinics are held regularly to provide key information to patients, including the importance of healthy eating and exercise.

5.1 Health Needs Assessments (HNAs) are carried out by nurses at key points along

the patient pathways and Stratified follow-ups are also in progress for certain patient groups.

5.2 End of treatment summaries were discussed, including the need to ensure that the responsibility for these are clarified given the number of professionals potentially involved in the patient pathway.

5.3 Torbay is working towards provision of a “late affects” clinic and Plymouth is focusing on the recovery package.

6.0 **Guest Speaker: Professor Iain Hutchison**
[OMFS Barts and The London Hospitals] via Skype link:

1. *“National Cancer Audit”*
2. *“GRAD Genomic Study”*
3. *“Pre-malignancy/ Dysplasia NFORC research”*

HANA presentation available [here](#).

7.0 **Guest Speaker: Mr Graham Merrick**
[OMFS Musgrove Park Hospital]

1. *“Evidence for neck dissection wrt Tumour Depth.”*

8.0 **Provision of Sentinel Lymph Node Biopsy (SLNB)**

Discussion arose as to whether the Peninsula should be offering a SLNB service for head and neck patients at one or more of the centres. Reference was made to the following NICE recommendations and guidance;

1. [NG36](#)
2. [NICE Guidance on setting up a SLNB service](#)

Update: GDM has located SLNB course in May 2018 for a team from East Peninsular to attend –surgeons, pathologists, nuclear medics if necessary. ASM and GDM to attend so far.

9.0 **Enhanced Recovery in Head and Neck Cancer-Presented by Andrew McLennan**
[OMFS Royal Devon and Exeter NHS Foundation Trust and SSG Chair]

Presentation slides available [here](#).

On-going progress: Ward documents, Patient diary and Operative notes for discussion/distribution following next meeting. Input from Elderly care Physicians (POPS) and Psychology and Psychiatry. Discussing research protocols

and 'H&N leading the integrated psychological medicine services'.

10.0 **AOB**

The group would like to explore the possibility of restarting Trans-oral Robotic Surgery (TORS) and perceive that there would be a demand for this. It suggested that Exeter may have availability of the required robotic equipment.

10.1 **Action:** Tass Malik to liaise with Phil Reece, Cons ENT (Torbay).

10.2 **ORN**

There was agreement that osteoradionecrosis patients are generally discussed at MDT, but there are currently no protocols for doing so. It was suggested that Steve Adcock may wish to present to the group on this subject at the next SSG meeting.

10.3 **Action:** NK to invite Steve Adcock to present at the next SSG meeting.

10.4 **Learning and Development Opportunities;**

There is a study day on 10th November 2017 (at the Barbican Centre, London) entitled; "*Controversies in the Management of Jaw Necrosis*". Follow this [link](#) for further information:

11.0 **Date of Next Meeting**

Date: Friday 16th March 2018

Venue: Roadford Lakes

Time:

10am-12:30 Endocrine and Thyroid SSG meeting

12:30-14:00 LUNCH

14:00-16:30 Head and Neck SSG meeting

Summary of Actions

Reference	Subject Matter	Summary	Action
3.2	Patient Pathway	RIG pathway not user friendly. Problems with patient transport were also linked to this pathway.	NK to liaise with Exeter and Torbay MDT to assess where in the pathways difficulties are arising.
10.2	Service Provision	TORS service	Tass Malik to liaise with Phil Reece.
10.3	Streamlining Services	Osteoradionecrosis protocol for discussion at MDT	NK to invite Steve Adcock to speak at next meeting.

DRAFT