Activity Report
April 2013 – March 2014

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## CONTENTS

**EXECUTIVE SUMMARY** 3

1. **INTRODUCTION** 5

2. **MCN WORKPLAN AND ACTIVITIES (REPORTING PERIOD 04/2013 TO 03/2014)** 5
   - 2.1 CORE OBJECTIVES 5
   - 2.2 INDIVIDUAL MCN OBJECTIVES 6
   - 2.3 OTHER MCN ACTIVITIES 8

3. **QUALITY ASSURANCE / SERVICE DEVELOPMENT AND IMPROVEMENT** 8

4. **KEY PRIORITY AREAS FOR THE MCN IN THE NEXT 12 MONTHS** 10

5. **CONCLUSION** 10

ACKNOWLEDGEMENT 11
Executive Summary

Introduction
The purpose of this document is to report the Head and Neck Cancer Managed Clinical Network (MCN) activities in respect of:

- Performance against agreed objectives;
- Outcomes achieved; and
- Challenges encountered and actions taken to remedy defined issues.

This activity report covers April 2013 to March 2014. It also reports on key audit findings and resultant actions from the 2012 clinical audit, as well as looking forward from April 2014 to March 2015.

MCN Objectives
The Head and Neck Cancer MCN has successfully progressed a number of key objectives whilst other objectives will be carried over to the 2014/2015 workplan.

- Regional Clinical Audit
  The report of the 2012 clinical audit data was published in January 2014 and is available on the West of Scotland Cancer Network (WoSCAN) website. Recently submitted action plans will be monitored through the Advisory Board.

- Head and Neck Cancer Quality Performance Indicator Development
  Head and Neck Cancer Quality Performance Indicators (QPI) were implemented in April 2014. This programme will facilitate ongoing local and regional comparative assessment and will enable periodic national comparative reporting of performance.

- Enhanced Recovery After Surgery
  Enhanced Recovery After Surgery (ERAS) pilot study has been underway at the Southern General Hospital since January 2013. A recently endorsed exemplar ERAS pathway for the management of head and neck cancer patients has been formally issued to provide a framework to support development and local implementation.

- Regional Service Map for Head and Neck Cancer
  A high level map of head and neck cancer service provision has been collated for all NHS Boards across the region, detailing the points of service delivery and the connections between them.

- Guideline and Protocol Development
  Development and review of Clinical Management Guidelines (CMGs) remains a core component of MCN activity. New CMGs for sinonasal and nasopharyngeal tumours have been developed and CMGs for laryngeal, oral cavity, oropharyngeal and anterior tongue cancers have all been updated this year.

- Human Papilloma Virus (HPV) Testing
  Further to securing one year’s funding from Cancer Research UK West of Scotland Cancer Centre, WoS pathologists have been sending samples to and receiving reports from the Scottish HPV Reference Laboratory in Edinburgh. As of 1 April 2014, the Scottish HPV Reference Laboratory will be resourced from National Services Division to perform molecular HPV typing of all oropharyngeal squamous carcinomas diagnosed in Scotland prospectively.
• **Oral Rehabilitation Pathway**
  Work is ongoing to conclude the development of an optimal oral rehabilitation pathway in preparation for the implementation of a QPI on pre-operative oral assessment.

• **Audit on the Management of Malignant Salivary Gland Carcinomas**
  This audit is being carried over to next year’s work plan with a view to developing a standardised management approach.

• **Assimilation of Skull Base Team into Head and Neck Cancer Multi-Disciplinary Team**
  The Skull Base Team has been successfully integrated into the Head and Neck multidisciplinary team (MDT) at the Southern General Hospital.

• **MDT Configuration Across WoSCAN**
  The Head and Neck Cancer MCN Advisory Board has been giving some further thought to MDT configuration across WoSCAN to support delivery of the strategic plan for centralisation of all major head and neck cancer surgery in Glasgow in 2015. An MDT proforma for use across the region has been developed to replace the different proformas used at the individual MDTs. It is anticipated that this should improve data capture across the region.

**Key Priority Areas for the MCN in the next 12 months**

The MCN work plan has been developed with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency. A number of objectives will be carried over from this year as guideline development, oral rehabilitation and clinical audit continue as priorities in the work plan. A new objective to develop an optimal treatment pathway for the management of osteoradionecrosis across the West of Scotland will also be progressed in the coming year.
1. Introduction

The Head and Neck Cancer Managed Clinical Network (MCN) was established in 2002 as a means of delivering equitable high quality clinical care to all head and neck cancer patients across the constituent NHS Boards that comprise the West of Scotland (WoS) region; Ayrshire & Arran, Forth Valley, Greater Glasgow and Clyde (GGC) and Lanarkshire.

The Head and Neck Cancer MCN continues to support and develop the clinical service for approximately 600 head and neck cancer patients per annum. The effective management of these patients throughout the region relies on coordinated delivery of treatment and care that requires close collaboration of professions from a range of specialties. Currently, there are 3 multidisciplinary teams (MDTs) serving 2.46 million people across the 4 NHS Boards in the region. During the period 1 January 2012 to 31 December 2012, a total of a total of 628 patients were diagnosed with head and neck cancer in the WoS.

The purpose of this document is to report the Head and Neck Cancer MCN activities in respect of:

- Performance against agreed objectives;
- Outcomes achieved;
- Challenges encountered and actions taken to remedy defined issues; and
- Update on progress of actions identified from the Audit Report.

MCN Governance

The Advisory Board continues to meet three times a year with representation from each of the partner NHS Boards and all relevant specialities involved in the management of head and neck cancer. The Advisory Board is consulted between meetings as required by the clinical lead and manager.

Dr Greg O’Neill has recently joined the Board as radiology representative, replacing Dr Anne Marie Sinclair and Dr Gordon Dewar. The terms of reference and membership of the Advisory Board will be refreshed to reflect these changes.

2. MCN Workplan and Activities (reporting period 04/2013 to 03/2014)

2.1 Core Objectives

Regional Clinical Audit Programme

A key area of the Head and Neck Cancer MCN was to effectively utilise audit findings to inform and drive service improvement within the MCN. A comprehensive clinical audit report of performance against key outcome measures (KOMs) was issued to NHS Boards in January 2014. Progress against action plans will be discussed on a regular basis at the Advisory Board. The Head and Neck Cancer MCN is encouraged by the performance of individual units against the regionally agreed KOMs with results demonstrating that patients with head and neck cancer in the WoS continue to receive a consistent and improving standard of care across all geographical locations; however some areas of variation have been highlighted.

It has been an aim of the Head and Neck Cancer MCN to improve quality and completeness of clinical audit data to ensure that robust performance assessment can take place. The key issues highlighted in the 2011 report of clinical audit data primarily related to data recording.
Although a number of more robust data recording processes were implemented during 2013, collection of the 2012 clinical audit data was already well underway and therefore the main impact of these changes is expected to be apparent in next year’s report. This should lead to more meaningful and useful data. The introduction of a regional MDT proforma should lead to further improvements in data capture, particularly in relation to dietetics and speech and language therapy.

Further to the publication of last year’s audit report of the 2011 clinical audit data, the MCN co-ordinated a regional action in relation to key outcome measure 6 ‘status of surgical margins’. All cases with involved or uncertain surgical margins were reviewed in an attempt to determine if there were data recording issues or other clinical issues to explain the apparent outcome data. The results of this review were presented at the annual Head and Neck Cancer Education Event and the overall feeling was of a primary data collection issue. This year’s report has demonstrated improvements in data quality, with more cases of involved margins being correctly identified.

**Head and Neck Cancer Quality Performance Indicator (QPI) Development**

Under the auspices of the Scottish Cancer Taskforce, the National Cancer Quality Steering Group is currently taking forward the development of national QPIs for all cancers. Head and neck cancer QPIs were implemented from 1 April 2014. WoSCAN members from surgery (oral/maxillofacial and plastics), clinical oncology, restorative dentistry, diagnostic imaging, dietetics and clinical audit have been well represented on this group. This programme will enable future national comparative reporting and will help to drive continuous improvement for patients.

**Enhanced Recovery After Surgery (ERAS)**

An ERAS programme has been underway at the Southern General Hospital (SGH) since January 2013. MCN members who established this initial programme have since been involved in the development of a head and neck exemplar ERAS pathway for the management of head and neck cancer patients which could be extended across the region. This has recently been endorsed by the Regional Cancer Clinical Leads Group and has been formally issued to provide a framework to support development and local implementation.

**Regional Service Map for Head and Neck Cancer**

A high level map of head and neck cancer service provision has been collated for all NHS Boards across the region, detailing the points of service delivery and the connections between them. This exercise has highlighted variation in dental service provision across the region and this information is currently being utilised by the group progressing the oral rehabilitation pathway. The mapped information was included in a consolidated regional report which was presented to the Regional Cancer Clinical Leads Group (RCCLG) in October 2013 and shared with Board Cancer Managers in December 2013. The service map will be updated annually to maintain a baseline position.

### 2.2 Individual MCN Objectives

**Guideline and Protocol Development**

Development and review of Clinical Management Guidelines (CMGs) remains a core component of MCN activity. New CMGs for sinonasal and nasopharyngeal tumours have now been developed and CMGs for laryngeal, oral cavity, oropharyngeal and anterior tongue cancers have all been updated this year. The development of referral guidelines and a management protocol for patients undergoing endoscopic tumour surgery has still to be initiated and this work will be carried over to next year’s workplan. The CMGs can be accessed directly from the intranet site (www.intranet.woscan.scot.nhs.uk) or via the chemotherapy electronic prescribing and administration system (CEPAS).
Human Papilloma Virus (HPV) Testing
Establishment of HPV testing in oropharyngeal cancer patients has become an important prognostic factor in the management and treatment of these patients. In April 2013, further to securing one year’s funding from Cancer Research UK West of Scotland Cancer Centre, WoS pathologists have been sending samples to and receiving reports from the Scottish HPV Reference Laboratory (SHPVRL) in Edinburgh. As of 1 April 2014, the Scottish HPV Reference Laboratory will be resourced from National Services Division to perform molecular HPV typing of all oropharyngeal squamous carcinomas diagnosed in Scotland prospectively.

Oral Rehabilitation Pathway
The MCN convened a discussion group in June 2013 to develop an oral rehabilitation pathway to ensure equitable management of patients across the WoS, with every patient being dentally screened prior to entering treatment. The importance of this objective has been endorsed by the inclusion of a QPI on pre-operative oral assessment in the recently developed head and neck cancer QPIs. Membership of the group included special care, community and consultant restorative dental surgeons, consultant head and neck surgeons, clinical nurse specialist and service management from across the region. The group reviewed the current practice across the 3 MDTs with a view to developing an optimal regional oral rehabilitation pathway. Once agreed, the finalised pathway will be taken to the RCCLG for endorsement and recommendation for implementation.

Audit on the Management of Malignant Salivary Gland Carcinomas
This audit will be carried over to next year’s work plan. Caldicott approval has now been obtained from all partner Boards and a clinical proforma is currently being developed. This retrospective audit is being undertaken with a view to developing a standardised management approach.

Assimilation of Skull Base team into Head and Neck Cancer MDT
Since August 2013, members of the skull base team have become integrated into the Head and Neck Cancer MDT at the SGH and now run a clinic alongside the existing multidisciplinary Head and Neck Clinic at SGH. Endoscopic and open access skull based procedures are now delivered by the MDT, involving ENT surgeons, maxillo-facial surgeons and neurosurgeons.

MDT Configuration Across WoSCAN
The Head and Neck Cancer MCN Advisory Board has been giving some further thought to MDT configuration across WoSCAN to support delivery of the strategic plan for centralisation of all major head and neck cancer surgery in Glasgow in 2015. Consideration has been given to moving from three separate MDTs in North Glasgow/Ayrshire & Arran, South Glasgow/Clyde and Lanarkshire/Forth Valley to two MDTs or improving the composition of the three existing MDTs to ensure that all specialties are represented.

An MDT proforma for use across the region has been developed to replace the different proformas used at the individual MDTs and it is anticipated that this should improve data capture across the region. The proforma has been piloted at the South Glasgow and Clyde MDT since August 2013 and a number of modifications have been made in light of feedback received. This is now being piloted locally within the North Glasgow and Ayrshire MDT. Local implementation at the MDTs in Lanarkshire/Forth Valley is currently being discussed. The MCN acknowledge the input from Eva Stalker, MDT Co-ordinator in South Glasgow and Clyde, to progress this work plan objective.
2.3 Other MCN Activities

Education
The MCN continues to support education events to provide an opportunity for members from various specialties to engage with colleagues from across the region. A successful Education Meeting was held in the University of Glasgow Kelvin Conference Centre in June 2013. The programme for the meeting included presentations from a variety of specialties including surgery, clinical oncology, care of the elderly and dietetics. The Project Manager for the National Cancer QPI Development Programme provided a Head and Neck Cancer QPI update and two patient representatives also delivered very informative talks which were well received by MCN members. The meeting was well attended by clinical, cancer network and audit staff from across the region and the event received very positive feedback. Presentations included:

- ‘Nutrition - Whose Responsibility Is It?
- Involved Margins for Patients Undergoing Curative Surgery - Review of 2011 Data
- Research Update and Discussion
- Oropharyngeal Cancer in South Glasgow and Clyde MDT (2010-2013): preliminary outcome data
- Improving Cancer Treatment Assessment and Support for Older People
- My Experience of Self-Management
- Patient Support Group
- Complications in Head and Neck Surgery
- Hypopharyngeal Cancer Outcomes - are we getting it wrong?

Ongoing education continues to be the focus of the regional meeting which runs on the second Tuesday of each month. This provides a wide forum for discussions on the management of complex and rare cases. Occasionally opinion of the WoSCAN Head and Neck Cancer MCN is sought at this meeting by other Scottish Networks.

Centralisation of Free Tissue Transfer (FTT) Services in the WoS
Centralisation of FTT services, as the initial stepping stone in the wider centralisation of all head and neck cancer surgical services, has been an ongoing concern for the Head and Neck Cancer MCN. Great progress has been made in the last year with Ayrshire & Arran, Forth Valley and NHSGGC relocating their head and neck services requiring free tissue transfer to the SGH.

3. Quality Assurance / Service Development and Improvement

The primary function of the MCN is to facilitate continuous service improvement, supporting delivery of high-quality, equitable, treatment and care to patients with head and neck cancer in the WoS. The MCN prospective clinical audit programme underpins much of the regional service development and improvement work of the MCN and supports quality assurance (QA) by providing the means for regular assessment and reporting against recognised and agreed measures of service performance and quality.

The annual regional quality assurance of service provision utilises eight regionally agreed KOMs and the latest report of audit data is based on 628 new diagnoses of head and neck cancer presenting in 2012, set against results obtained from the previous report.
The MCN QA process requires local multi-disciplinary teams to critically review and verify their own results before being collated to provide a regional comparative report of performance against agreed measures and variance between MDTs. The report of the 2012 clinical audit data was published in January 2014 and can be found in the WoSCAN internet site.

Regional Audit and Governance Process
In accordance with agreed governance procedures, Boards were asked to produce Action/Improvement Plans in response to audit findings and to take forward recommendations set out in the Audit Report. The expectation is that these actions will be progressed and monitored via local governance structures. Plans are expected to be submitted to the Regional Information Manager within two months of publication of the report. An Action/Improvement Plan template is provided to ensure consistency and standardisation across the region. The MCN Manager/Clinical Lead have been reviewing Board Action Plans to identify priorities for co-ordinated regional action and these, along with progress against specific Board actions are monitored throughout the year by the Advisory Board under the standing MCN Work Plan agenda item.

Action Plan Progression
Recommended actions on the basis of the key findings of the audit report were directed to Boards requesting the development of local plans to address areas of deficiency identified. No actions were identified for NHS Forth Valley. All other local Boards have completed Action/Improvement plans relating to the 2012 clinical audit report and a progress/action status will be provided in line with the governance framework; for those actions that remain ongoing a further update will be requested for the next Advisory Board meeting in June. The expectation is that all actions will be addressed prior to the onset of the next audit reporting schedule with sign off of the 2013 clinical audit data completed in October 2014.

A high level summary of progress is outlined below:
- MCN has initiated a regional action to reach a consensus on interpretation of laser laryngeal and salivary gland cancer resection margins. This follows up on the findings of KOM 6 - 'Status of Surgical Margins' which highlighted some issues in the recording/documentation of margin involvement.
- NHS Ayrshire & Arran is planning to explore the reasons for chest imaging not being carried out prior to treatment and also to review the cases not discussed at MDT, or discussed at MDT post treatment, to ensure valid clinical reasons for this.
- NHS Lanarkshire has reviewed the cases not discussed at MDT prior to treatment to clarify the reasons for this. No further actions identified.
- NHSGGC (South Glasgow) has confirmed a change in clinical practice during 2012 to perform chest staging as standard for all oral cancers.
- NHS Lanarkshire has completed an extensive review of all cases recorded as having R1 margin involvement and have confirmed that no further action is required.
- NHS Greater Glasgow and Clyde is currently reviewing formally reported R1 margins.

Escalation Process
Any service or clinical issue which the Advisory Board considers not to have been adequately addressed will be escalated to the Regional Lead Cancer Clinician and relevant Territorial NHS Board Cancer Clinical Lead by the MCN Clinical Lead.
4. **Key Priority Areas for the MCN in the next 12 months**

The MCN work plan is currently being finalised with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency. The work plan is expected to be published in early May 2014. Below are the objectives to be progressed in the coming year:

**Core Objectives**
- Continue to support delivery of the regional clinical audit programme and effectively utilise audit findings to inform and drive service improvement; and
- Manage the development/review of Head and Neck Cancer MCN CMGs and Clinical Guidance Documents.

**Individual MCN Objectives**
In addition to finalising the oral rehabilitation pathways, concluding the retrospective audit on the management of all malignant salivary gland carcinomas and implementing the regional MDT proforma, the Network also aims to develop an optimal treatment pathway for the management of osteoradionecrosis across the WoS.

5. **Conclusion**

The Head and Neck Cancer MCN continues to thrive and provide improved care for patients with head and neck cancer in the WoS. This has been a productive year and the MCN, with the support of the Advisory Board, has continued to work closely with local and regional clinical and management teams across the region to progress the work plan objectives. Ongoing development and update of CMGs and other regional guidance continue to drive consistency of practice and provide improved care for patients with head and neck cancer in the WoS. Recognising the pressures on clinical time, the MCN is looking at the most time efficient and effective way to engage and involve members in MCN activities to ensure essential clinical input to the ongoing improvement and development of head and neck cancer care in the WoS.

Looking ahead the MCN welcomes the opportunity to strengthen the MDT configuration across the region and support and improve the effective patient journey around local and regional services.
Acknowledgement

This report represents the achievements and challenges progressed across the four partner NHS Boards of the West of Scotland Cancer Network:

NHS Ayrshire & Arran
NHS Forth Valley
NHS Greater Glasgow and Clyde
NHS Lanarkshire

We would like to thank all members and active participants in the cancer network for their continued support of the Managed Clinical Network, without their efforts this level of progress would not be possible.