Activity Report
April 2014 – March 2015

Mr Stuart Robertson
Consultant ENT Head and Neck Surgeon
MCN Clinical Lead

Heather Wotherspoon
MCN Manager
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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 2014 to March 2015. It also reports on key audit findings and resultant actions from the 2013 clinical audit, as well as looking forward from April 2015 to March 2016.

MCN Objectives
During the course of this year, the Head and Neck Cancer MCN has reprioritised its work to focus on multi-disciplinary team meeting reconfiguration. Whilst a number of objectives have been successfully progressed during the last year, some objectives have been carried over to the 2015/16 work plan as a result of this shift in focus.

- **Regional Clinical Audit**
  The report of the 2013 clinical audit data was published in February 2015 and is available on the West of Scotland Cancer Network website. Recently submitted action plans will be monitored through the Advisory Board.

- **Head and Neck Cancer Quality Performance Indicator (QPI) Development**
  Head and Neck Cancer QPIs were implemented in April 2014. The first audit report of head and neck cancer QPI data will be presented at a national education event in December 2015.

- **Regional Service Map**
  The high-level regional service map for head and neck cancer was reviewed during 2014, the updated baseline position identifies the points at which services are delivered, the service components available at each and the connections between these points which represent the referral pathways for access to specialist services.

- **Guideline Development and Review**
  Development and review of Clinical Management Guidelines and Clinical Guidance Documents remain a core component of MCN activity to ensure consistency of practice throughout the region.

- **Human Papilloma Virus (HPV) Testing**
  As of 1 April 2014, the Scottish HPV Reference Laboratory has been resourced from National Services Division to perform molecular HPV typing of all oropharyngeal squamous carcinomas diagnosed in Scotland prospectively.

- **Oral Screening Pathway**
  The regional Oral Screening Pathway was endorsed by Regional Cancer Clinical Leads Group in June 2014 and has been implemented in West of Scotland Boards except for NHS Lanarkshire.

- **Audit on the Management of Malignant Salivary Gland Carcinomas**
  This retrospective audit is being undertaken with a view to developing a clinical guidance document and will be concluded in this year’s work plan.
- **Optimal Treatment Pathway for the Management of Osteoradionecrosis**
  This work is being carried over to the 2015-16 work plan with a view to developing a standardised management approach.

- **Multidisciplinary Team (MDT) Reconfiguration across WoS**
  The Head and Neck Cancer MCN Advisory Board have been considering the optimal configuration of MDTs in the region to address acknowledged deficiencies in current practice. A proposal to move to a 2 MDT model was submitted to the March 2015 meeting of the Regional Cancer Advisory Group (RCAG). Following this meeting, a consultation process with NHS Board cancer leads and clinical management teams has been ongoing to identify and resolve operational issues associated with the proposed reconfiguration. Following the conclusion of this consultation process, a summary paper will be presented to RCAG on 25 June 2015.

**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 have been carried over to this year’s work plan, however MDT reconfiguration is likely to be the key focus of MCN activity in the coming year.

The MCN will continue to progress core objectives that are integral to all MCNs - service mapping, education, review of clinical management and clinical guidance documents and promotion of the Transforming Care after Treatment programme.
1. Introduction

The West of Scotland Cancer Network (WoSCAN) 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 2013 to 31 December 2013, a total of a total of 596 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

In October 2014, Mr Stuart Robertson was successfully appointed to the post of Clinical Lead for the WoS Head and Neck Cancer MCN as successor to Mr John Devine. Mr Craig Wales has been appointed as Deputy Clinical Lead following the resignation of Mr David Houghton.

The Head and Neck Cancer MCN Advisory Board continues to meet at least three times a year and is consulted between meetings as required by the Clinical Lead and Manager. The Terms of Reference have been refreshed to ensure continued and effective engagement by a range of professionals across all 4 WoS NHS Boards. A number of changes to membership have been made during the last year - Dr Greg O’Neill has taken over from Dr Anne Marie Sinclair and Dr Gordon Dewar as radiology representative; Mr Alan Donaldson has replaced Mr Kevin Jennings as dental representative; Ann Traquair Smith has taken over from Laura Young as ENT Management representative; Mr Craig Wales has joined as MDT Chair of the South Glasgow/Clyde MDT and Dr Maire O’Riordan has joined as representative for Palliative Medicine.

2. MCN Workplan and Activities (reporting period 04/2014 to 03/2015)

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. The report of the 2013 clinical audit data was issued to NHS Boards in February 2015. The results demonstrate that patients with head and neck cancer in the WoS continue to receive a consistent high standard of care.
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 report demonstrates a significant improvement in data quality, with 4 years of comparative data presented against eight key outcome measures (KOMs). The introduction of a regional MDT proforma should lead to further improvements in data capture, particularly in relation to surgical margin involvement, dietetics and speech and language therapy.

**National Cancer Quality Performance Indicators (QPI) Development Programme**

In 2010, the Scottish Cancer Taskforce established the National Cancer Quality Steering Group to take forward the development of national QPIs for all cancer types to enable national comparative reporting and drive continuous improvement for patients. In collaboration with the three Regional Cancer Networks and Information Services Division (ISD), Head and Neck Cancer QPIs were published by Healthcare Improvement Scotland for implementation in April 2014. A head and neck cancer training event and 9 month dataset review took place in February 2015. The first audit report of Head and Neck Cancer QPI data will be presented at a National education event in December 2015.

**Regional Service Map**

Work was undertaken to review the high-level map of head and neck cancer service provision in the WoS. The updated baseline position describes the points of delivery, the service components available at each point and the interconnections between these in regard to access to tertiary services. The mapped information was included in a consolidated regional report which was presented to the Regional Cancer Clinical Leads Group (RCCLG) in October 2014 and shared with Board Cancer Managers.

**Guideline Development and Review**

Development and review of Clinical Management Guidelines and Clinical Guidance Documents remain a core component of MCN activity. The Head and Neck Cancer Follow-up Guideline is currently being reviewed and updated. The MCN propose to develop a follow-up imaging guideline which will be closely related to this work.

**2.2 Individual MCN Objectives**

**Human Papilloma Virus (HPV) Testing**

HPV testing in oropharyngeal cancer patients has become an important prognostic factor in the management and treatment of these patients. A service development bid to Health Protection Scotland to secure funding for molecular HPV typing of all oropharyngeal squamous carcinomas diagnosed in Scotland was successful. As of 1 April 2014, this testing has been performed at the Scottish HPV Reference Laboratory in Edinburgh.

**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 was endorsed by the inclusion of a QPI on pre-operative oral assessment in the head and neck cancer QPIs. The regional pathway was endorsed at the RCCLG meeting in June 2014 and has been implemented in WoS Boards except for NHS Lanarkshire.

**Audit on the Management of Malignant Salivary Gland Carcinomas**

This retrospective audit is being undertaken with a view to developing a clinical guidance document. Following Caldicott approval from all partner Boards, data has been collected and is currently being
analysed. Findings will be presented within the next 4 - 6 months and the objective will be concluded in the 2015/16 work plan.

Optimal Treatment Pathway for the Management of Osteoradionecrosis (ORN)
A short-life working group has recently been established to develop a regional treatment pathway for the management of ORN to ensure safe, equitable management of patients across the WoS and optimise effectiveness of treatment and care. The first meeting of the group took place in February 2015 and the key objectives are currently being agreed.

MDT Reconfiguration across WoS
MDT reconfiguration across WoSCAN has been a key focus of MCN discussion over the last year. The Head and Neck Cancer MCN Advisory Board have been considering the optimal configuration of MDTs in the region to address acknowledged deficiencies in current practice. A number of network wide meetings have taken place over the last 6 months to identify an optimal model of care. An options paper was discussed at the Advisory Board meeting in February 2015 and voting members confirmed a clear consensus to recommend a 2 MDT group model, with both MDTs centralised within Glasgow. A proposal to move to a 2 MDT model was submitted to the March 2015 meeting of the Regional Cancer Advisory Group (RCAG). Following this meeting, a consultation process with NHS Board cancer leads and clinical management teams has been ongoing to identify and resolve operational issues associated with the proposed reconfiguration. Following the conclusion of this consultation process, a summary paper will be presented to RCAG on 25 June 2015.

A regional MDT proforma for use across the region has been developed to replace the different proformas used at the individual MDTs. This was initially piloted at the South Glasgow and Clyde MDT and has now been implemented by both the South Glasgow/Clyde MDT and the North Glasgow/Ayrshire & Arran MDT groups. Implementation has not been achieved to date by the Lanarkshire & Forth Valley MDT. The MCN acknowledge the input from Eva Stalker, MDT Co-ordinator in South Glasgow and Clyde, to progress this workplan objective and develop a Head and Neck Cancer MDT Excel Administration Solution to support this work in addition to a training handbook for the MDT co-ordinators across the region.

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 Glasgow in June 2014. The programme for the meeting included presentations from a variety of specialties including surgery, clinical oncology, restorative dentistry, radiography, speech and language therapy and dietetics. The Director of the HPV Reference Laboratory and a member of the Macmillan Supporters Group 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 extremely favourable feedback.

Ongoing education has also been the focus of the monthly regional clinical meeting. Over the last decade, this has provided a wide forum for discussions on the management of complex and rare cases. Whilst this has undoubtedly provided an excellent opportunity for clinical and educational engagement across the MCN, it has become apparent, both from attendance records and case submission numbers that the level of interest in this meeting has fallen. Discussions are currently ongoing regarding possible changes to the format of this meeting. A pilot MCN Clinical Governance meeting took place in May 2015 to enable members to present clinical activity, outcomes, morbidity and mortality data. The format of this meeting will be discussed further at the next Advisory Board
meeting in June 2015. The MCN is hopeful that this new meeting will generate considerable interest from colleagues and be seen as an opportunity to engage positively in an innovative, regional clinical governance process with clear educational benefits.

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 improvement work of the MCN. It supports quality assurance by providing the means for regular assessment, and reporting, against recognised and agreed measures of service performance and quality.

The National Cancer Quality Programme requires comparative assessment of performance to be published annually by Regional Cancer Networks, and every 3 years a national comparative report will be produced by ISD containing trend and survival analysis. The first audit report of Head and Neck Cancer QPI data will be presented at a National education event in December 2015.

Audit and Governance Process

The clinical audit process captured 596 new cases of head and neck cancer for 2013. These data have been used to measure quality of clinical care provided, utilising eight regionally agreed KOMs.

Following analyses of the regional data by the WoSCAN Information Team and reporting of provisional results, local multi-disciplinary teams are required to critically review and verify their own results before these are collated to provide a regional comparative report of performance.

The report of the 2013 clinical audit data was published in November 2014 and can be found on the WoSCAN internet website.

Following publication of the report, and in accordance with agreed WoS governance procedure, Boards were asked to produce an Action/Improvement Plan in response to the key findings and actions identified in the report. Initial responses are required to be submitted to the Regional Information Manager within two months of publication of the audit report. All actions should be progressed and monitored via local Board governance structures.

Progress against these specific Board actions, and any regional actions identified as a priority by the MCN Clinical Lead and Manager, are monitored throughout the year by the Advisory Board.

Action/Improvement Plan Progression on Report of 2014 Clinical Audit Report

All Boards have returned local action/improvement plans in response to the audit report. Outlined below is a high level summary of the actions to be progressed:

- Advisory Board discussion to be undertaken to determine regional guidance with regards to chest CT imaging and to establish if this can be routinely incorporated into initial imaging.
- All MDT leads to ensure chest imaging is discussed when patient is presented at MDT.
- All Boards to establish which specific team members will assume responsibility for assessing patients using the Malnutrition Universal Screening Tool (MUST), ahead of QPI reporting during 2015.
- All Boards to ensure MUST assessment is documented and is accessible by audit staff for data collection.
• NHS Forth Valley to assess the impact of using the HANQI tool as an alternative to MUST on QPI performance results ahead of QPI reporting in 2015.

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 has recently published the work plan objectives for 2015/16 with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency. A number of objectives have been carried over from this year as guideline development and clinical audit continue as priorities in the work plan. MDT reconfiguration, however, is likely to be the key focus of MCN activity in the coming year. Objectives to be progressed in the coming year include:

Core Objectives
• Manage the development/review of head and neck cancer clinical guidance documents;
• Participation in the WoS rolling programme of regional and national education events; utilising the opportunity for learning and sharing of current best practice and innovation;
• Support delivery of the national cancer quality programme for 2015/16, ensuring the regional/national governance process is adhered to;
• Annual update of the regional service map for head and neck cancer service provision, detailing the points of service delivery and the connections between them; and
• Continue to support the Transforming Care After Treatment programme of work, in particular, facilitate raising awareness of the health and social care integration agenda in the WoS.

Individual MCN Objectives
• Conclude the retrospective audit on the management of all malignant salivary gland carcinomas diagnosed in the WoS over the last 10 years with a view to developing a Clinical Guidance Document;
• Develop an optimal treatment pathway for the management of osteo-radionecrosis across the WoS;
• Achieve an optimal configuration of MDT groups across WoSCAN
• Manage the development of follow-up imaging guideline for head and neck cancers.

5. Conclusion

This has been a successful year for the Head and Neck Cancer MCN and the continued support of the Advisory Board and other MCN members has been essential in progressing and achieving the work plan objectives. Recognising the pressures on clinical time, the MCN is extremely appreciative of this support in the ongoing improvement and development of head and neck cancer services in the WoS.

Looking ahead, the membership welcomes the opportunity to continue to improve and work together as a region with uniformity where possible, sharing best practice and continuing to support and improve the patient journey, both around local service provision and those services that require centralised care.
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.