

West of Scotland Cancer Network

Head and Neck Cancer MCN Work Plan 2025/2026

	Actions Required	Lead	Due Date
1.	Continue to engage with the Regional MDT Improvement Programme to optimise operational efficiency and effectiveness of the MDT		
1.1	Define and agree outputs/reports to be generated from the MDT system.	Included in overarching regional delivery plan.	TBC
2.	Continue to support the regional implementation of a National Optimal Head & Neck Cancer Diagnostic Pathway across the 4 WoS Boards		
2.1	Work with Boards/local teams to take forward improvement work identified for head & neck, sharing learning through MCN.	MCN Clinical Lead MCN & Improvement Manager	Dec 25
2.2	Plan for re-audit of head & neck cancer diagnostic pathway to assess improvements and identify areas where further service development is required.	Board Leads MCN Advisory Board MCN Members	Jan – Mar 2026
3.	Define and agree clinical criteria and patient pathways to ensure equitable access to the regional Trans Oral Robotic Surgery (TORS) service		
3.1	Work with Boards/local teams to address the observed variations in referral patterns to the TORS service (as highlighted to the Regional Cancer Oversight Group in March 2025).	MCN Clinical Lead MCN&I Manager	Jun 25
3.2	Develop and agree regional patient pathway to TORS when service formally established.	Advisory Board	Jun 25
3.3	Support regional implementation of TORS patient pathway.		Sep 25
3.4	Plan for a further service review and benefits realisation assessment 6 months post implementation of agreed patient pathway.		Mar 26
4.	Complete the development of head and neck specific prehabilitation videos to promote health education amongst head and neck cancer patients		
4.1	Agree scripts and organise filming of videos for Trans-Oral Robotic Surgery and Laryngectomy, including input from: Nursing, Dietetics, Speech & Language Therapy, Anaesthetics and Oncology (Radiotherapy and SACT).	MCN Clinical Lead MCN&I Manager MCN Members Medical Illustration	May 25
4.2	On completion of filming, liaise with Medical Illustration re dissemination of this resource and signpost to wider MCN.	MCN Clinical Lead MCN&I Manager Medical Illustration	Jun 25
5.	Develop and maintain regional/national clinical guidelines to optimise patient care		
5.1	Clinical Guidance Documents (CGDs) Co-ordinate the development/review of CGDs in line with WoSCAN SOP for the following: <ul style="list-style-type: none"> Palliative Management of Terminal Haemorrhage in Advanced Cancer SOP: sending large head and neck samples to pathology at QEUH 	MCN Clinical Lead MCN&I Manager Advisory Board MCN Members	May 25 Jun 25 Jun 25

	Actions Required	Lead	Due Date
	<ul style="list-style-type: none"> SOP: standardised pathology summaries 		
5.2	Clinical Management Pathway (CMP) <ul style="list-style-type: none"> Continue to collaborate with Scottish Cancer Network (SCN) in the implementation of a National Head and Neck Cancer CMPs Archive WoSCAN CMGs following publication of completed CMPs Continue to work with SCN in the maintenance of the National CMPs for Head and Neck Cancer 	MCN Clinical Lead MCN&I Manager Advisory Board MCN Members SCN	TBC
6. Complete an improvement project auditing the diagnostic pathway for unknown primary squamous cell carcinoma of the head and neck			
6.1	Establish a short-life working group to review the results of an audit undertaken on the diagnostic pathway for unknown primary SCC of the head and neck to explore options to reduce the observed variations in the patient pathway.	MCN Clinical Lead MCN&I Manager MCN Members	May 25
6.2	Agree actions required and develop an improvement plan to streamline pathway and reduce observed variation across Boards/local teams.		Aug 25
6.3	Plan for a further pathway review 6 months post implementation.		Feb 26
7. Use cancer data to drive improvement in quality of care and outcomes			
7.1	Review QPI audit findings to identify variation in practice and highlight exceptions. <ul style="list-style-type: none"> Performance Summary Returns Assessed RCOG exception report produced; governance review and interrogation of QPI exceptions Agreement of actions for inclusion in annual audit reports Input to the production of Annual Audit Report 	MCN Clinical Lead MCN&I Manager Information Manager Information Analyst	Nov 25
7.2	Monitor and ensure progress with regional and local Board action/improvement plans.	MCN Clinical Lead MCN&I Manager MCN Members Information Analyst	Dec 25
7.3	Build on the findings of the head & neck survival analysis to understand local, regional and national differences and ensure consistency in outcomes and treatment approach.	MCN Clinical Lead MCN&I Manager Information Manager	TBC
7.4	Undertake a retrospective audit of patients on the CUP pathway, comparing patients who have had their primary identified following PET scan by either standard or robotic diagnostic surgery.	MCN Clinical Lead MCN&I Manager MCN Members Information Analyst	Aug 25
7.5	Explore the feasibility of a retrospective audit to explore outcomes for unilateral or bilateral neck treatment (neck dissection and/or radiotherapy) in patients with cancer of the oral cavity.	MCN Clinical Lead MCN&I Manager MCN Members Information Analyst	Dec 25

	Actions Required	Lead	Due Date
8.	Undertake a pilot project to target screening for head and neck cancer and facilitate direct referrals from the Alcohol and Drug Recovery Service (Renfrewshire HSCP) to ENT (NHSGGC)		
8.1	Liaise with IT colleagues and SCI Gateway Support Team to identify the potential for using SCI Gateway to directly refer from the ADRS to the ENT service in NHSGGC and identify any technical barriers.	MCN Clinical Lead MCN&I Manager	May 25
8.2	Review the clinical fields on the existing NHSGGC ENT Head and Neck USOC template and provide details of any changes or additional information that may be required specific to this referral pathway.	MCN Clinical Lead MCN&I Manager ADRS colleagues	June 25
8.3	Develop an additional template once a specification has been agreed.	IT & SCI Support Team	July 25
8.4	Pilot this approach using SCI Gateway through the Renfrewshire ADRS.	MCN Clinical Lead MCN&I Manager IT & SCI support Team ADRS colleagues	Aug 25
8.5	Undertake an interim review of referral pathway 6 months post implementation and repeat at 1 year to assess scope for wider implementation.	MCN Clinical Lead MCN&I Manager	Feb 26
9.	Deliver regional education event to facilitate review of clinical audit data and promote shared learning of current best practice and innovation		
9.1	Develop a focused programme for the event, addressing relevant key issues.	MCN Clinical Lead MCN&I Manager	Jul 25
9.2	Establish data requirements for the event, and identify any arising from the event. <ul style="list-style-type: none"> • Liaise with Information Team regards audit presentation requirements • Liaise with Information Team if any further audit opportunities identified • Ensure appropriate data sharing agreements issued, completed, agreed and passed to Information Team 	MCN Clinical Lead MCN&I Manager Information Team	Jul 25
9.3	Develop action plans arising from event and monitor progress of agreed actions. <ul style="list-style-type: none"> • Record actions arising from discussion at event • Develop action plans of same • Issue action plans as appropriate • Monitor progress of actions recorded 	MCN Clinical Lead MCN&I Manager	Dec 25
10.	Maintain regional service configuration map for head and neck cancer		
10.1	Update audit data annually in line with QPI report publication and refresh as per any changes in configuration.	MCN&I Manager Information Analyst MCN Members	May 25