

EDITORIALS



A network of three hospitals! An idea so simple that it is difficult to see that staff, the public or politicians would have a problem supporting the necessary changes. And with this vision Tony Halsall, chief executive of University Hospitals of Morecambe Bay (UHMB), addressed a large meeting of senior medical and managerial staff recently on the subject of the Foundation Status bid.

It's a neat idea and subtly different from the 'Three-site District General Hospital' concept that launched the Morecambe Bay Hospitals Trust. For one thing it guarantees the presence of facilities run by UHMB as a Foundation Trust at all three major sites and there is a clear commitment to keeping hospital services in Kendal. The plan to develop a satellite ambulatory chemotherapy and radiotherapy centre in south Cumbria is an ambitious one in which everyone can be a

winner and which for obvious reasons has the personal support of the editor. Seen from this perspective the old issues of acute service review seem stale. There is a feeling that the organisation has 'moved on' from this and that there is a new future for Westmorland General Hospital and the Trust as a whole. There are a few sacred cows that will probably need to be sacrificed – the concept of a site-based 'senior medical staff committee' was addressed many years ago and is clearly an obstacle to the cross bay network of medical staff and the services they lead. The new Foundation Trust will be expected to deal with these issues. This issue of the *Journal* attempts to show how far we have come with cross bay networks. It's an achievement which we hope will help back the Board's bid to create a network of three hospitals in the Bay as one Foundation Trust.

Andrew Severn
Editor

This issue of the *Journal* focuses on clinical issues in the management of head and neck pathology. Several different surgical specialties are involved and modern services require multidisciplinary team management. The government reforms regarding cancer services have led to the instigation of managed regional Cancer Networks, and the publication of 'Improving Outcomes Guidance Manuals'⁽¹⁾ for several cancers in which a prescriptive network structure with specific recommendations regarding standards of delivery of cancer care have been defined. This has then been used by the Cancer Network management teams as the basis for implementing and developing local cancer services, and has tended to lead to a centralisation of some services, particularly for less common cancers or malignancies where management may involve specialist surgical or other treatment modalities. Indeed, there has been an increasing trend to define which surgeons have the necessary training to perform certain cancer operations, what volume of procedures they should be performing annually, where these procedures should be performed, and what multidisciplinary facilities should be available at that site.

Instituting these changes for diagnosis and treatment of head and neck malignancy in the Lancashire and South Cumbria Cancer Network highlights many of the complex organisational problems which have to be overcome, given the various pathologies, prevalences, specialties, disciplines, and complex treatment modalities involved and the large geographical area but relatively small population base (for area).

The trend to centralisation is at variance with the direction of other government policies aiming to deliver care 'Closer to Home', and there has to be an acceptance that some specialist or major surgical and oncological treatments will be centralised and require patients to travel, whilst aiming to provide as much of the initial diagnostic and post-surgical/specialist extended care much closer to the patients' locality.

One article provides insight for the general reader into the initial cytological assessment of patients presenting with thyroid swellings within Morecambe Bay from January 2000 to March 2007, and the number of pathologically confirmed thyroid malignancies. Retrospective audits have limitations, and current standards for diagnosis and treatment⁽²⁾ may not have been in place for some of this time period. However, this

audit highlights many of the historical issues that Cancer Networks are seeking to address with respect to the variability of personnel, and adequacy of initial assessment, diagnosis and management of low-volume malignancies found amongst common benign pathologies.

One of the recommendations of the Improving Outcomes Guidance for Head and Neck Cancer is that specific clinics should be established to enable the rapid assessment and diagnosis of head and neck swellings, including thyroid swellings. These clinics should have experienced clinicians and both diagnostic ultrasound and rapid cytological analysis of samples available within them. It is clear from this local audit analysis that such a service would improve the diagnostic pathway for patients presenting with thyroid swellings, offering a rapid, accurate and uniform overall assessment and diagnosis, and thus better define clinical management of such patients, and I have no doubt that the same will apply to patients with non-thyroid neck swellings. The majority of patients will be reassured that their swelling is benign, and management options can be discussed. For the smaller number of patients with possible malignancy their treatment will be rapid, definitive and to a defined and monitored high standard. There has been a clear commitment from clinicians within University Hospitals of Morecambe Bay across the differing clinical specialties (ENT, maxillofacial and endocrine surgery and endocrinology) to provide such a clinic. The provision now requires agreement from the Hospital Management Team and the Primary Care Trust to provide the necessary facilities and resources, and negotiations are in progress. The clinical benefits are clear.

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REFERENCES

1. Improving Outcomes Guidance for Head and Neck Cancer 2004, National Institute for Clinical Excellence
2. Guidelines for the Management of Thyroid Cancer 2006, British Thyroid Association and Royal College of Physicians