A NEW HEAD AND NECK LUMP CLINIC FOR MORECAMBE BAY

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INTRODUCTION

Cancer as a disease group has seen many changes since the Calman Hine report of 1995,[1] the Cancer Plan September 2000,[2] and the introduction of the Manual of Cancer Services Standards in December 2000.[2] Since then almost all tumour groups have had an Improving Outcomes Guidance (IOG) compiled by the National Institute of Clinical Excellence (NICE).[3] The guidance was to be used by Cancer Networks, Acute and Primary Care Trusts (PCT) and Commissioners to start configuring services in line with them. To make sure the changes had occurred, periodically the National Cancer Team would peer review the Networks and Localities for compliance to the cancer measures and compile a public report.

BACKGROUND

In November 2004, NICE released the IOG for head and neck services;[3] this was followed in 2006 by the release from the National Cancer Action Team of the Head and Neck Measures. These measures were to be added to the Manual of Cancer Services Standards by the Networks and Acute/PCT Trusts locality teams and used by the National Cancer Team when reviewing a Trust or Network during the peer review process.

In May 2007, head and neck services throughout the Lancashire and South Cumbria Cancer Network were peer reviewed, with a report released in the autumn,[4] of which the outcomes for Morecambe Bay were relatively positive. However, there were concerns raised during this process around the lack of support services, provision of prosthetic valve replacement service and the provision of neck lump and thyroid lump clinics. During this reflective period the Lancashire and South Cumbria Head and Neck Network Site Specific Group (NSSG), which is made up of key stakeholders from the Network, Acute Trusts and PCTs, met and agreed a programme of improvements inline with peer review outcomes that were to be driven locally by Trust Cancer Leads and Local Improvement Teams. During January and early February 2008 there were a series of cancer specific meetings within UHMB between the Cancer Management Team and Cancer Lead Clinicians as well as executive management and PCT representatives, which amongst other things culminated in the initiation of the IOG-compliant Neck Lump Clinic Project.

NECK LUMP CLINIC PROJECT

The project was formally started, after the compilation of a project mandate, project initiation document and business case, being signed up to by the executive lead, clinical lead and project manager in mid-March 2008. The main aim of the project was to review what would need to be done to implement such a clinic

The first step was to set up a Project Implementation Group to meet regularly throughout the life of the project. The group was comprised of clinicians and managers representing the departments that would need to be included to facilitate such a clinic:

- ENT, thyroid, and oral and maxillofacial consultants
- radiology consultant and manager
- pathology consultant
- assistant divisional managers
- divisional accountant
- outpatients department sister and manager

Through this group's efforts the project was able to produce the following:

- A base-line assessment of the current services and map of the pathways that included the various lengths of time patients will wait and issues relating to this. It was concluded that there was a potential for these patients to be on a pathway, from a general practitioner referral to a definitive diagnosis, for up to 17 weeks with a great deal of variation in between. It was also recognised that delays could often occur when patients needed the opinion of more than one consultant, having to be referred between them. Additionally, it was noted that there where occasional breaches of the national cancer targets.
- Formulation of a new pathway that included the clinic and addressed all of the issues mentioned above with a primary objective to reduce the pathway to a maximum of seven weeks and consistently meet the national cancer targets.
- A clinic template was formulated that showed the number of patients to be seen and the time allocated to see them, as well as showing how patients needing the opinion of more than one consultant could do so in the same clinic.
- The referral criteria was agreed, as was the day, time and location for the clinic that best met the needs of the patients of Morecambe Bay.

- An understanding of the reshuffle of some services to realise the clinic and the changes to some of the clinician job plans.
- A costs exercise was carried out including a comparison of the current pathway and the proposed one. This would ensure that any financial issues could be recognised prior to implementation and that the clinic would be sustainable in the future. In addition, a tariff was calculated.
- Meetings with the PCT commissioners were held to keep them abreast of the project progress and that the proposals were staying within their expectations and also to maintain their support to subsequently commission the service on the outcomes of the project.

OPTIONS APPRAISAL

An option appraisal was carried out on two alternatives shown below. These have been scored against an agreed set of criteria listed in the left column to reflect all aspects of the operational change and its possible effects. A score of one to five has been used (from 1 = Poor, to 5 = Excellent). The scores were then totalled to find the preferred option.

	Option 1 'No Change'	Option 2 Neck lump clinic at WGH
Local access for patients improved	1	2
Organisational effectiveness improved	2	3
Acceptability to the two PCTs	1	5
Clinical acceptability	1	3
Increased productivity	1	3
Patient satisfaction	2	4
Meeting government health policies and objectives	1	5
TOTAL	**9**	**25**

BENEFITS TO BE REALISED

- clinic would be IOG-compliant, fulfilling two peer review and Manual of Cancer Services measures 1D-112 & 1D-113
- patients would generally travel less and have less contact with acute trust
- patients would be diagnosed more quickly
- patients would have better access to other consultants for further opinion, reducing unnecessary steps in journey
- the new pathway and clinic would sustain the achievement of the Trust's cancer and 18-week target commitments

CONCLUSION

It is hoped that after a consultation period during August/September 2008 the clinic will be implemented and start receiving patients around December 2008.

REFERENCES

1. Calman K, Hine D. A Policy Framework for Commissioning Cancer Services. 1995

2. Manual of Cancer Services Standards. Crown Copyright 2001. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance

3. National Institute for Clinical Excellence. Guidance on cancer services. Improving outcomes in head and neck cancers – The Manual. November 2004. Available at: http://www.nice.org.uk/nicemedia/pdf/csghn_themanual.pdf

4. Cancer Peer Review Report Lancashire and South Cumbria Cancer Network, North Zone Peer Review Team. September 2007. Crown Copyright 2007. Available at: http://www.cquins.nhs.uk/published_reviews.php