Commented [G1]:

Head and Neck Clinical Advisory Group

Notes of the meeting held on the 7th March 2014 at 2.00pm, Medical Physics/Cancer CPG Seminar Room, NWCTC

Present:
Dr S Gollins (MDT Chair), Clinical Director Oncology
Mr H B Jones (Deputy Chair), Consultant Maxillofacial Surgeon
Damian Heron, Cancer Network Director/Associate Chief of Staff Operations & Planning
Dr W Soe, Consultant Clinical Oncologist
Mr C J Lloyd, Consultant Maxillofacial Department
Mr Arya, ENT Consultant
Mr Chandra-Mohan, ENT Consultant
Mr Thomas Nisbet, Consultant Restorative Dentist
Ravi Kodavatiganti, Speciality Doctor Oncology
Mr V Puranick
Gwen Roberts, H&N CNS
Mark Cooke, ENT Specialist Nurse
Marion Gash, Dietician
Gwenda Roberts
Sue Kirk, Speech and Language Therapist
Leah Cox
Katie Morris, Team Leader Cancer Services
Katie Farrell, MDT Co-ordinator

Apologies:
Mr Hammad, Mr Zeitoun, Pat Pilkinson, Dr N Archard, Dr D Widdowson, Jan Jenkins, Helen Lawrence, Sian Jones, Sue Hughes, Andrew Owen

Item	Description	Action	By Whom
	WELCOME AND APOLOGIES Colleagues were welcomed to the meeting and apologies received as above.		
1.	**NOTES FROM PREVIOUS MEETINGS:** Previous minutes noted and issues recovered in this agenda.		
2.	**Update on ENT Head and Neck Cancer Centralisation:** Mr Zeitoun and Mr Arya have been working closely together for the ENT Head and Neck Cases. Bangor cases continue to be referred on and shared between them due to the ongoing sickness at Bangor. All members support and agree that this move to a Centralised Head and Neck Service would be beneficial for the patients and in moving towards more collaborative working between the Head and Neck Team. Mr Zeitoun hopes to start a weekly YG clinic and is pending agreement for this. Mr Arya is holding a clinic at Glan Clwyd, but is still awaiting agreement and confirmation of space for theatre sessions. It was		

	highlighted that current theatre space could be a potential barrier, as there has been significant delays with the new theatres and there has also been further impact due to Breast Surgery from Bangor coming to Glan Clwyd. Mr Osbornes Consultant vacancy is to be filled with a split site position between Wrexham and Glan Clwyd, which will free up further sessions for Mr Arya to come to Glan Clwyd. In the meantime, Mr Arya is also trying to swap some sessions with Mr Anthony. Mr Arya and Mr Zeitoun are performing Laryngectomies together here on a Wednesday theatre list. Mr Jones has liaised with the Surgical management team and has e-mailed Barry Jones and Karen Prevc who is leading the Centralisation Programme for an update. Mr Jones has agreed to write to Damian describing the optimum shape of the service and identifying available sessions via Glan Clwyd Surgical Management. Damian Heron has advised the Team to keep the momentum on pushing this centralised service forward.	Letter outlining optimum shape of the service and identifying available sessions	HBJ
3.	**Surgical Cover in the West** Mr Arya explained that the current system seems to be working well and Bangor patients are receiving a good service. Patients have diagnostics at Ysbyty Gwynedd and are then seen at Glan Clwyd, although as mentioned previously Mr Zeitoun hopes for a Bangor Clinic and would then be there on site for any specialist Head and Neck surgical advice/input required. It was mentioned that there had been no named Consultant in Ysbyty Gwynedd for patients having RIGs. Mr Puranik was not aware that this was a problem and that patients should go under initial referring Consultant or On Call Consultant. There is an ENT meeting being held in Ysbyty Gwynedd on the 12th March and Mr Puranik will list on the agenda to ensure that there are no issues with this. Dr Neupane has rejoined the Team and is holding a clinic in Bangor. Mr Puranik has picked up Mr Williams' patients and is following patients up following completion of Oncology follow-up. If clinic agreed for Mr Zeitoun, Head and Neck ENT Surgical Support will be available to Mr Puranik if required. Mr Jones will include cover for the West in the letter to Damian	Named Consultant for RIG Patients at YG to be discussed at ENT Meeting Cover in West to be included in letter.	Mr Puranik HBJ
4.	**RIGS** There had previously issues that a variety of health professionals had felt there had been a lot of problems around RIGs with the general organisation and ADHOC care with no particular structure. This item was relisted to ensure movement had been made. Nutrition team are happy with progression made. New		

	dietician in post. Mark Cooke felt unable to comment as there had only been 1 in the West in the last 12 months. It was highlighted that there were current problems at Glan Clwyd as RIG patients are not taking priority and were being cancelled due emergency weekend admission outliers taking beds on Enfys. Due to the current demand on beds, Damian Heron explained that this situation was not going to improve in the near future and recommended that the Oncology members of the Head and Neck Team along with Dr Moss may need to look at moving the RIG day from a Monday. As the treatments are becoming more complex it is essential that patients have an overnight stay for their RIG and there needs to be at least a 7 days between RIG and treatment commencing. It was confirmed that only patients that require RIGs are receiving these otherwise for NG feed. It was initially changed to a Monday following clinical incident to allow a full week of specialist input if required. Damian asked that in order for the problem to be identified figures would be required. Gwen will monitor this situation and report back findings.	Oncology Head and Neck members to liaise with Dr Moss and consider changing RIG day. Monitor cancellation of RIG patients and report figures back to Damian Heron.	All Oncology Team Members Gwen Roberts
4.	**MDT Leadership** This item will be added to all future CAGs to allow opportunity for change and progression for all members of the MDT. The group were in agreement that a 2 year rotational post for both Lead and Deputy Lead would be good practice. The Deputy Lead will step up to MDT Lead and the opportunity for another member of the Team to apply for Deputy. It was felt that a mix of specialities worked well and should remain. In 12 months, Mr Jones will step up to MDT Lead allowing a vacancy for a Consultant Oncologist to express an interest in the Deputy Lead position. If more than one expression of interest, a voting system will be put in place. Following these 2 years, The Deputy Lead will take the Lead position allowing a Surgical Consultant to apply for Deputy. This will be re-listed at the next CAG asking for expressions of interest for the Deputy position.	Mr Jones to step up to MDT Lead in March 2015. Vacancy for Deputy Lead. Re-list at the next CAG	Mr Jones Katie Morris
5.	**Head & Neck/Skin Cancer Metastases Pathway** Damian Heron had previously circulated in 2010 a letter highlighting the management of skin cancers in the head & neck region. The SSMDT is now fully established and has been joined by some new Members including Dr F Azam, Medical Oncologist and Mr Rowan Pritchard Jones, Plastics Surgeon. The Group were in agreement that it was important that this pathway was managed by the Head and Neck MDT Team and Mr Jones will re-circulate this letter to ensure	Re -circulate letter re management of skin cancers in the Head and Neck region.	Mr Jones

	that this is considered and integrated within this Cohort of patients.		
8.	**ANP/Specialist Nursing** Mr Jones has been in touch with Jan Garnett with regards to the ANP positions. There are currently two positions vacant. The Head and Neck Team were not aware of these. It was felt that the Head and Neck Team should review the job description for these posts as well as having an involvement in the interview process if relevant to cancer. It was agreed that relevance likely and ANPs should be able to work across the 3 sites to allow the ANP to follow the patient's treatment and care throughout their pathway. Communication is vital between Surgery and Cancer ensuring beneficial recruitment to these roles. Mr Jones has agreed to follow this discussion up with Jan Garnett to take these communications forward. Mr Jones will feedback to the Team.	To liaise with Jan Garnett re CAG discussion for ANP vacancies	Mr Jones
9.	**Supportive Care Resources** Historically there have been gaps highlighted in the supportive care resources for Head and Neck Cancer patients, particularly felt in the West. Speech and Dietetic support has moved forward in the West. Mark Cooke has set up a weekly MDT Clinic, which has been running for 2 months. Mark reports this clinic to be successful and has improved links with the Dietetics and Speech and Language Therapy. From this clinic, patients are assessed and if necessary are referred on for oral assessment, psychology assessment and the exercise programme that is run by Macmillan. Patients are initially assessed by Mark on a home visit and then referred to this MDT Clinic. Mark will write up clinic Gwen continues to run her weekly clinic, which has been established for 2 years. Gwen reports easy access to support services from this clinic and if required they are bleeped. The MDT is now populated by Allied Health professionals although not all members of MDT were aware of the presence of Speech and Language Therapists at the Head and Neck Clinic. There are currently 3 Speech and Language Therapists that work on a rotational basis. Dr Gollins felt that the service was better with a named person and reminded the team that there is a Swallowing Work Station at Glan Clwyd if one person would be interested. Sue Kirk felt there could be a member of the team who would be interested in taking this forward and will feedback these discussions to her department. In the meantime, Sue Kirk to forward names and contact details to Katie Farrell who will circulate to all members of the team.	To write up MDT Clinic processes Further discussions required regarding one named Speech and Language Therapist with a view to incorporating swallowing workstation into their role. Current 3 Speech and Language Therapists names and contact details to be circulated	MC SK SK KF
10.	**Patient Concerns Inventory PCI** Louise Carrington has contacted Gwen enquiring whether or not we are using patient information leaflets		

	and if we would like to record it as a DAHNO item. These tick box sheets are designed to remind/prompt patients on discussion points in their clinic appointments with the specialists. They are currently in use in Liverpool with positive feedback. The MDT agreed that they would be happy to trial this patient information sheet, but do not agree to it be listed as a DAHNO data item. CNSs at each site to ensure they are available at clinic locations.	PCI patient forms to be made available in clinic areas.	SK GR MC
11.	**Transoral Laser Service** Mr Arya has audited numbers of patients receiving transoral laser at Betsi Cadwaladr. This has shown a 100% increase along with better access for patients, especially in Bangor. It is safe and effective and proves justification of the service. Mr Arya has researched a practice they are using successfully in Germany where suspicious lesions are biopsied and removed by transoral laser at the same time. Not all patients would be suitable for this and would only be carried out for those patients where an assured clearance could be guaranteed. Radiotherapy could then be kept for salvage. A copy of this audit will be circulated to the Head and Neck MDT Team for information.	Circulate TOLR Audit/Presentation to Head and Neck Team Members	KM
12.	**Management of Branchial Cysts** Mr Arya highlighted that he has noticed an increase of patients where a branchial cyst had been diagnosed by US, FNA or MRI but on excision histologically had been proven to be a squamous cell carcinoma. It is possible that this is due to the increase in HPV related Head and Neck Cancers that have been diagnosed. In Liverpool they have been sending patients for PET CT to highlight whether an oropharyngeal primary present. On further research, Mr Arya explained that this is in fact very common with many stories being shared on the Internet. Mr Arya is concerned that this could continue to increase and questioned whether a change of practice was needed whereby a neck dissection was carried out at time of excision of branchial cyst. A majority disagreed as they felt it would be over treating or would carry more morbidity than oncological treatment that could be carried out following the excision. There is also evidence that HPV is very sensitive to Rxt. A copy of this audit will be circulated to the Head and Neck MDT Team for information.	Circulate TOLR Audit/Presentation to Head and Neck Team Members	KM
13.	**Audit of compliance with NICE Guidance on Radiotherapy with Cetuximab in Head and Neck Cancer at the North Wales Cancer Treatment Centre.** Ravi presented the findings from the above audit. A copy of this audit will be circulated to the Head and Neck MDT Team for information.	*Pending copy of presentation*	Ravi KM
14.	**Clinical Trials, Research Update and Future**	*Pending copy of presentation*	WMS

	Planning. Dr Soe presented to the Team an update on current and future trials that the Head and Neck patients can participate in. A copy of this presentation detailing these will be circulated.		KM
15.	**Date of Next Meeting** To be confirmed		