



Early Diagnosis in Head & Neck Cancer

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Head and Neck Symposium

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Improving cancer outcomes: guidance on how ICBs and Cancer Alliances will work together (published 30th May 2022)

- National framework within which Cancer Alliances will work together with Integrated Care Boards (ICBs)
- Designed to support local discussions between Cancer Alliances and ICBs as they set out their roles and responsibilities from July 2022
- The *ICS Design Framework* states that Cancer Alliances will continue to: ***“use their expertise to lead whole-system planning and delivery of cancer care on behalf of their constituent ICSs, as well as providing clinical leadership and advice on commissioning”***
- For Cancer Alliances, acting with the full authority of their ICBs will reinforce their leadership role for cancer services within their local systems.
- Cancer Alliances are well placed to bring together stakeholders to ensure co-ordination and consistency so there is an integrated plan between multiple partners. The plan will include local priorities, which reflect local circumstances and opportunities, as well as the ICB contribution to the delivery of the NHS’s national cancer priorities

GM Cancer – Current Structure / Supporting Working Groups / Engagement

Tumour specific
Pathway Boards x
14 with wide
stakeholder
membership

Workforce &
Education

Performance &
Recovery

Personalised Care

Early Diagnosis

Health Inequalities
in Cancer

GM Cancer
Commissioning
Managers Forum

GM Cancer
Managers Forum

Attendance at and
reporting to IC
Governance

Digital and
Innovation

GM Cancer
Assurance Groups

System Working

- Engagement and Co-Production
- Clinical design and leadership
- National and NW teams (Cancer)
- GM Integrated Care Partnership
- Localities and Primary Care Networks
- GM Cancer Pathway Boards
- VCSE partners
- Alignment with GM programmes – e.g. primary care, mental health, elective care
- Locality visits – peer support



Current Position: Early Diagnosis

Most Recent Position

Comparators

Comparators

Locality	Most Recent Period	Most Recent Performance	Previous Period - Comparator Locality	Locality - Comparator Locality
GM	FY 2019	54.9%	+0.1% ▲ FY 2018: 54.8%	-0.4% ▼ National:55.3%
Bolton	FY 2019	56.2%	+1.5% ▲ FY 2018: 54.7%	+1.3% ▲ GM 54.9%
Bury	FY 2019	57.8%	+2.2% ▲ FY 2018: 55.6%	+2.9% ▲ GM 54.9%
Rochdale	FY 2019	57.7%	+3.7% ▲ FY 2018: 54.1%	+2.8% ▲ GM 54.9%
Manchester	FY 2019	53.9%	-0.8% ▼ FY 2018: 54.7%	-1.0% ▼ GM 54.9%
Oldham	FY 2019	52.7%	-1.3% ▼ FY 2018: 54.1%	-2.1% ▼ GM 54.9%
Salford	FY 2019	54.2%	+2.8% ▲ FY 2018: 51.4%	-0.7% ▼ GM 54.9%
Stockport	FY 2019	55.1%	-0.9% ▼ FY 2018: 55.9%	+0.2% ▲ GM 54.9%
Tameside	FY 2019	54.9%	-0.2% ▼ FY 2018: 55.0%	0% GM 54.9%
Trafford	FY 2019	56.0%	-0.6% ▼ FY 2018: 56.5%	+1.1% ▲ GM 54.9%
Wigan	FY 2019	52.6%	-2.3% ▼ FY 2018: 54.9%	-2.3% ▼ GM 54.9%

Current Position / Early Diagnosis: Larynx

	2013	2014	2015	2016	2017	2018	2019
National	53.8%	53.8%	52.2%	52.8%	52.4%	50.8%	54.5%
Greater Manchester	51.5%	50.0%	54.2%	48.6%	57.8%	54.1%	51.3%
NHS Bolton CCG	57.1%	0.0%	28.6%	27.3%	70.0%	70.0%	25.0%
NHS Bury CCG	57.1%	0.0%	57.1%	28.6%	80.0%	50.0%	40.0%
NHS Heywood, Middleton and Rochdale CCG	57.1%	72.7%	72.7%	45.5%	71.4%	33.3%	33.3%
NHS Manchester CCG	33.3%	60.0%	57.1%	65.2%	50.0%	60.0%	40.0%
NHS Oldham CCG	40.0%	71.4%	46.2%	60.0%	28.6%	37.5%	75.0%
NHS Salford CCG	50.0%	62.5%	62.5%	50.0%	76.9%	71.4%	77.8%
NHS Stockport CCG	55.6%	33.3%	57.1%	25.0%	50.0%	56.3%	70.0%
NHS Tameside and Glossop CCG	61.5%	38.5%	50.0%	60.0%	53.3%	60.0%	66.7%
NHS Trafford CCG	50.0%	42.9%	50.0%	40.0%	80.0%	33.3%	25.0%
NHS Wigan Borough CCG	60.0%	75.0%	53.3%	57.1%	50.0%	50.0%	44.4%

Current Position / Early Diagnosis: Oral Cavity

	2013	2014	2015	2016	2017	2018	2019
National	46.0%	47.0%	47.8%	46.8%	48.2%	46.4%	44.0%
Greater Manchester	45.9%	39.2%	43.4%	45.3%	35.2%	44.6%	43.7%
NHS Bolton CCG	37.5%	45.5%	50.0%	64.3%	30.8%	70.0%	45.0%
NHS Bury CCG	35.7%	54.5%	30.8%	40.0%	44.4%	71.4%	38.5%
NHS Heywood, Middleton and Rochdale CCG	40.0%	55.6%	27.3%	53.8%	58.3%	50.0%	25.0%
NHS Manchester CCG	37.0%	33.3%	26.1%	46.4%	28.6%	43.3%	48.1%
NHS Oldham CCG	54.5%	40.0%	55.0%	33.3%	25.0%	50.0%	66.7%
NHS Salford CCG	62.5%	25.0%	55.6%	36.4%	40.0%	33.3%	25.0%
NHS Stockport CCG	54.5%	33.3%	55.6%	41.2%	45.5%	16.7%	53.3%
NHS Tameside and Glossop CCG	80.0%	33.3%	46.2%	58.3%	20.0%	43.8%	53.8%
NHS Trafford CCG	43.8%	50.0%	50.0%	42.9%	35.3%	45.5%	25.0%
NHS Wigan Borough CCG	35.3%	35.7%	55.6%	35.0%	26.7%	28.6%	45.5%

Current Position / Early Diagnosis: Oropharynx

	2013	2014	2015	2016	2017	2018	2019
National	14.7%	14.0%	13.5%	14.6%	13.5%	13.5%	53.3%
Greater Manchester	20.5%	16.9%	19.6%	14.4%	11.9%	13.7%	50.5%
NHS Bolton CCG	5.9%	15.4%	8.3%	11.1%	13.0%	16.7%	41.2%
NHS Bury CCG	16.7%	30.0%	25.0%	0.0%	13.3%	11.1%	77.8%
NHS Heywood, Middleton and Rochdale CCG	25.0%	25.0%	8.3%	21.1%	7.7%	27.8%	64.7%
NHS Manchester CCG	18.2%	15.8%	9.1%	12.5%	0.0%	7.7%	47.2%
NHS Oldham CCG	29.6%	22.2%	30.0%	20.0%	16.7%	11.1%	66.7%
NHS Salford CCG	22.2%	28.6%	15.4%	4.5%	20.0%	5.6%	43.8%
NHS Stockport CCG	46.2%	0.0%	31.6%	15.0%	28.6%	17.4%	43.5%
NHS Tameside and Glossop CCG	23.1%	13.3%	29.4%	26.1%	6.3%	18.8%	26.3%
NHS Trafford CCG	0.0%	10.0%	22.2%	0.0%	5.9%	15.4%	58.8%
NHS Wigan Borough CCG	5.9%	17.6%	19.0%	15.6%	16.7%	6.9%	54.8%

Current Position / Early Diagnosis: Thyroid

	2013	2014	2015	2016	2017	2018	2019
National	61.9%	64.1%	64.9%	64.1%	67.2%	89.0%	88.5%
Greater Manchester	72.1%	69.6%	75.6%	68.4%	69.0%	91.6%	93.2%
NHS Bolton CCG	75.0%	100.0%	71.4%	100.0%	58.3%	100.0%	87.5%
NHS Bury CCG	75.0%	66.7%	71.4%	28.6%	100.0%	100.0%	100.0%
NHS Heywood, Middleton and Rochdale CCG	62.5%	75.0%	83.3%	57.1%	85.7%	83.3%	100.0%
NHS Manchester CCG	68.2%	69.2%	87.5%	83.3%	71.4%	92.9%	93.3%
NHS Oldham CCG	72.7%	50.0%	60.0%	75.0%	71.4%	90.0%	83.3%
NHS Salford CCG	85.7%	100.0%	80.0%	33.3%	40.0%	81.8%	90.9%
NHS Stockport CCG	72.7%	75.0%	50.0%	90.9%	62.5%	85.7%	94.4%
NHS Tameside and Glossop CCG	100.0%	33.3%	75.0%	70.0%	80.0%	92.9%	88.9%
NHS Trafford CCG	72.7%	66.7%	66.7%	0.0%	57.1%	100.0%	93.3%
NHS Wigan Borough CCG	40.0%	66.7%	100.0%	76.9%	68.4%	84.6%	92.9%

Early Diagnosis - Programmes of work / Interventions

- Primary Care – Referral Management
 - Referral form – annual review and revision
- Primary Care Network engagement – DES delivery
- Education (professionals)
- Patient and public facing communication
- Pathway Board projects:
 - Speech & Language Therapy Model of Care
 - Dental referrals
 - Advice & Guidance



NHS

Suspected Cancer Referral for ENT, Head & Neck

Priority

Referral Date:	Priority:	NHS Number:
Short date letter merged	Suspected Cancer Referral	NHS Number

Patient Details / Contact Information

Title:	Forename:	Surname:
Title:	Given Name:	Surname
Date of Birth:	Gender:	Ethnicity:
Date of Birth:	Gender(full):	Ethnic Origin
Address:	Home Telephone Number:	Email:
	Patient Home Telephone:	Patient E-mail Address:
Home Full Address (stacked)	OR Mobile Telephone Number:	Text Message Consent:
	Patient Mobile Telephone:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred Contact Time:	Interpreter Required:	Preferred Language:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Referrer / Practice Details

Referrer Name:	Referrer Code:	Practice Code:
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Advice & Guidance

- **Aim**: To optimise the use of referral management tools available in eRS to support the effective management of clinical capacity in secondary care
- Work with GM Elective Recovery & Reform team to optimise the use of the existing eRS Advice & Guidance functionality across all pathways
- Pilot project in Tameside & Glossop in 2021-22
- GM event January 2023



GatewayC GM Live – ‘Fast Facts’ & A-G

Infographics

HEAD & NECK CANCERS THINK A-G



Supporting earlier & faster cancer diagnosis

FAST FACTS

ANY UNEXPLAINED NECK LUMPS?

Consider a suspected cancer pathway referral for people presenting with a persistent neck lump for more than 3-weeks. Be vigilant for nodes over 1cm in the anterior neck.



A

B

BE AWARE OF PERSISTENT & UNEXPLAINED SYMPTOMS

This includes:

- Hoarseness
- Ulceration
- Pain when eating or swallowing

Other symptoms include red or white patches in the oral cavity, unilateral nose bleeds, blood-stained discharge or a change in vision associated with a facial or nasal mass.



C

CONSIDER RISK FACTORS

Head and neck cancers are more common in men and incidence increases in age. Other risk factors include smoking, alcohol, and human papillomavirus (HPV) infection.

D

DON'T FORGET YOUNGER PATIENTS

Be alert to patients in the younger demographic who have an increased risk of oropharynx cancers (due to HPV).



E

EARS

Unilateral hearing loss and unilateral tinnitus alone are not a sign of head and neck cancers. Please refer routinely.

F

FOSIT

Feeling of something in the throat (FOSIT) is not good indicator for cancer.



G

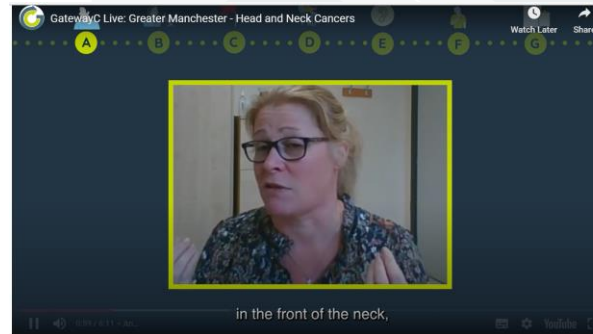
GREATER MANCHESTER REFERRAL PROFORMA

- Please refer all patients using the Greater Manchester form
- Ensure the patient understands the reason for referral
- Include frailty information as this helps direct patients to the most appropriate investigation or assessment

REFERRAL PROCESS FOR GREATER MCR

GM referral form

Physical examination



FAST FACTS

[GatewayC Live: Greater Manchester - Head and Neck Cancers - YouTube](#)

Online cancer education for healthcare professionals
Register here: www.gatewayc.org.uk/register



NON-SITE-SPECIFIC CANCER SYMPTOMS THINK A-G



Supporting earlier & faster cancer diagnosis

FAST FACTS

ANY CONCERNING SYMPTOMS?

Concerning symptoms which do not fit into a clear site-specific suspected cancer pathway include:

- Weight loss
- Decreased appetite
- Nausea
- Bloating
- Vague abdominal pain >4 weeks
- Fatigue
- Night sweats
- Persistent or unexplained pain
- Abnormal radiology suggesting cancer (MUO)
- Anaemia
- Inguinal lymphadenopathy

A

B

C



BLOOD TESTS

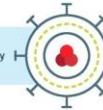
Abnormal blood test results, such as anaemia or raised platelets, may trigger a suspected cancer pathway referral. Primary care professionals are asked to complete a series of pre-referral blood tests to rule out other causes of non-specific symptoms.

CT SCAN

CT scan (thorax, abdomen, and pelvis) is a gold standard test. However, a negative CT scan does not exclude cancer and patients may be offered other tests.



REMEMBER: GP gut feeling and/or continued patient or family concern is important to note.



D

E

DON'T FORGET SAFETY-NETTING

It is important that patients return to their GP if symptoms persist, worsen, or change and that they understand the procedures for any pre-referral tests.



F

G

FAECAL IMMUNOCHEMICAL TEST (FIT)

Primary care professionals are asked to send a FIT with all referrals. This helps triage patients to the most appropriate initial investigations.



GREATER MANCHESTER REFERRAL PROFORMA

- Please refer all patients using the Greater Manchester form
- Ensure the patient understands the reason for referral
- Include frailty information as this helps direct patients to the most appropriate investigation or assessment

REFERRAL PROCESS FOR GREATER MCR

FIT

CT scan



Online cancer education for healthcare professionals
Register here: www.gatewayc.org.uk/register





Questions?